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**Self-reported Sources of Social Support:  
Comparing Young People with Foster and Residential Care  
Experiences  
to their Non-care Peers**

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**A Thesis submitted to the Oxford Brookes University in partial fulfilment of  
the requirements for the degree of**

**Doctor of Philosophy**

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## **Declaration**

This thesis has not been, nor is currently being submitted for the award of any other degree or similar qualification.

A.B.M. Schlösser

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## **Abstract**

The aim of this thesis is to compare sources of social support reported by young people in care with those reported by young people in the general population. The stressor specific model of social support (Wilcox and Vernberg 1985) is used in this explorative and descriptive study.

The Social Support Measure for Adolescents was devised to examine young people's reported sources of support to particular stressors. The measure was examined for validity and reliability, using cluster analysis on 100 young people in the general population, and the test-retest method on a sample of 62 students. Fifty young people in care were interviewed using the SSMA, while 100 young people in the comparison group filled in the questionnaire. Furthermore, a subset of 15 young people with care experiences were followed up three to six months after the first interview. Demographical data was obtained from both samples relating to living arrangements, education, employment and social relationships. In addition, young people in care were asked about their care histories and reasons for entry into care. Statistical analyses revealed marked differences in reported sources of support, with young people in care mentioning more numerous, and more different sources, while the young people in the comparison group consistently mentioned members of their affiliative network: parents and friends. The findings suggest that only the young people in care report using particular support sources for specific stressors, supporting the stressor specific model. Furthermore, friendships are viewed differently in the two groups, with the in-care group reporting fewer sharing and reciprocal friendships.

Conclusions are presented, highlighting that relationship development in the in-care group differed from the comparison group, as the young people in the comparison group embedded their support needs within their emotional relationships, while the in-care group relied on less intimate, more pragmatic sources. Gaps in the research on social support and on adolescence are discussed. Finally, some policy and practice implications of the findings are presented.



# **Chapter 1 Young people in care, their non-care peers and social support**

## ***1.1 Introduction***

At present, about 60,000 young people in the UK are in care, looked after in foster and residential homes, and some 30,000 young people leave care each year (Department of Health 1992). Previous studies have shown that young people in care, and adults with care experiences, are more likely to be pregnant as teenagers (Quinton and Rutter 1985) and are more likely to have children in care, suggesting cycles of deprivation (Kolvin, Miller, Scott, Gatzanis and Fleeting 1990). Furthermore, young people leaving care are over-represented in the population of homeless people (Randall, 1989), which suggests that leaving care is not just an exit from the care system for some, but rather the beginning of a whole new set of problems. While the experiences and social networks of these young people are very different from those of their non-care counterparts (Packman, Randall and Jaques 1986), little research has been carried out to examine these differences.

The aim of this thesis is to examine the sources of social support available to young people in care or leaving care, compared to adolescents in the general population. Social support is considered an important method of coping with stress, which has been learnt through interactions with others. The fact that young people in care have grown up in unstable and changing environments, and have often experienced disruptive relationships seems to put them at risk for either having few, or having superficial supportive relationships in later life.

This chapter introduces the various themes and concepts investigated in this thesis. First, the chapter will address the definitions of the three key concepts used in this thesis, that is: young people in care, adolescence, and social support. Then research on young people in care will be addressed in more detail, outlining the typical course of events leading up to entry into care, and being in care. The importance of relationships with other people is constantly highlighted. The next part of this chapter focuses on adolescents in the general population and their social support networks, in order to establish a comparison base. The final part of this chapter is concerned with social support: what it is, and how it is measured.

## ***1.2 Aim and justification***

This study is concerned with young people's reported sources of social support. While young people in care in the UK have been extensively researched over the last 25 years, few studies have focused on young people's experiences of social support. Most studies have carried out

research using secondary data sources, such as children's social services files or social worker's reports, looking at young people's pathways through placements, which typically involve multiple carers after a sequence of problems at home, which precipitated their entry into care (Packman, Randall and Jaques 1986; Fisher, Marsh, Phillips, Sainsbury 1986). Some studies have examined the benefits of short-term or respite care to families in need (Aldgate 1993); long-term care and permanency planning to improve children's sense of stability and identity development (Rowe, Cain, Hundleby and Keane 1984; Maluccio, Fein and Olmstead 1986; Thoburn and Rowe 1988; Thoburn 1989), while others have attempted to understand the experiences of separation and re-integration into new households (Bullock, Little and Millham 1990; Triseliotis 1993). The effects of being in care on educational achievement have also been investigated by Heath, Colton and Aldgate (1989; 1994).

The present study focuses on young people's experiences of foster care, residential care and social support. Before providing the background to the study, the central concepts used in this thesis will be elucidated: in care; adolescents, young people and children; social support.

### **1.3 Concepts and definitions**

#### **1.3.1 In care**

The terminology used in this thesis is specifically British. In the UK children are commonly looked after in nuclear families. Most children are taken into care because parental care is inadequate and the State acts *in loco parentis*. 'Young people in care' in this thesis refers to young people who have spent some time in foster homes or in residential homes. Around 60,000 children (or 5.52 per 1,000) were in care in 1991.

Kahan (1989) has pointed out that

'*In care*' is an administrative term which comprehends short- and long-term arrangements, all ages from early infancy to 18 years and older, and a wide range of human situations from relatively benign to highly traumatic and deeply damaging.'  
(Kahan 1989, p125/126)

Young people in care are therefore not a homogeneous group, and there is no such person as the 'typical child in care'. It is common for young people in care to experience not only one placement away from home, but several, often with periods of living back at home in between. Ideally, children only spend a limited time away from home, and return never to have to enter care again. Unfortunately, this is not the common experience.



The Children Act 1989 has replaced the term 'in care' with 'children looked after or accommodated by a Local Authority'. While the latter terms were introduced to cut down stigmatising and labelling, they will not be used in this thesis since the young people recruited for this study were all 'in care' under the previous legislation.

Research on young people in care in the UK to date has not included any work on young people's social support networks, even though this is an area of concern for professionals working with this client group (Parker, Ward, Jackson, Aldgate, Wedge 1991). If young people are at risk of entering care when their families are socially isolated, with few kin and non-kin links to the local community, then it is likely that young people in care too will be socially isolated. Children's social networks after all start out as their parents' social networks (Berndt, 1989). Lack of ties to family members and the community can be seen as a risk for vulnerable young people whose chances in employment, education and leisure will be further reduced. It is possible that young people growing up in care develop ties with other people rather than parents, and little is known about the role of foster and residential carers, and social workers in the lives of these young people. Anecdotal evidence (e.g. Jones, 1990) does suggest that individual carers can have a influential effect on young people, be it negative, or positive. In addition, friendships may be more important in this group, since friendships may have been more continuous than parent-child relationships. In short, while this topic appears important, little work has been undertaken to examine sources of support to young people in care.

### **1.3.2 Adolescents, young people and children**

Adolescence will be used as a term to denote part of a person's life span, rather than a separate stage of development. Some researchers claim that young people over 20 and up to 22 years old can be termed adolescents, while others argue that so long as a young person is between childhood and adult tasks, whatever their age, they can be seen as adolescents (Coleman and Hendry 1990). In this thesis, children are considered those younger than 13. The term young people refers to those aged 13 and over. Adolescents will be taken to be young people aged between 13 and 18.

Adolescents are in transition to adulthood in many ways. The adolescent slowly resembles a full grown, mature adult, as puberty results in rapid physical development of the reproductive system and secondary sexual characteristics (Coleman and Hendry 1990). Adolescents also develop emotionally and socially to become adults, with an increased self awareness (Archer and Waterman 1994), while at the same time they are developing cognitively to make informed and reasoned decisions (Coleman and Hendry 1990). In this regard adolescents are different from both children and adults: adulthood is what adolescents aspire to and develop towards, and



childhood is behind them. While the child's social sphere is considered to be the family, school and friends, the adolescent has a broadened social horizon, including romantic and sexual relationships and encounters with work and careers (Durkin 1995). While adolescents were widely considered to rebel against their parents in developmental psychology research in the past, current consensus holds that adolescents develop their autonomy and independence within the context of their attachments to their parents (Rice 1990). Parents are instrumental in this development of autonomy, as parents and adolescents re-negotiate their relationships (Honest and Lintern 1990). Parents are thus the most important providers of social support to adolescents (Coleman and Hendry 1990), but peers too offer support outside the home. Parental and peer support are thought to complement each other, so that adolescents have various sources of support to rely on, depending on the problems they are faced with (Jackson and Bosma 1992).

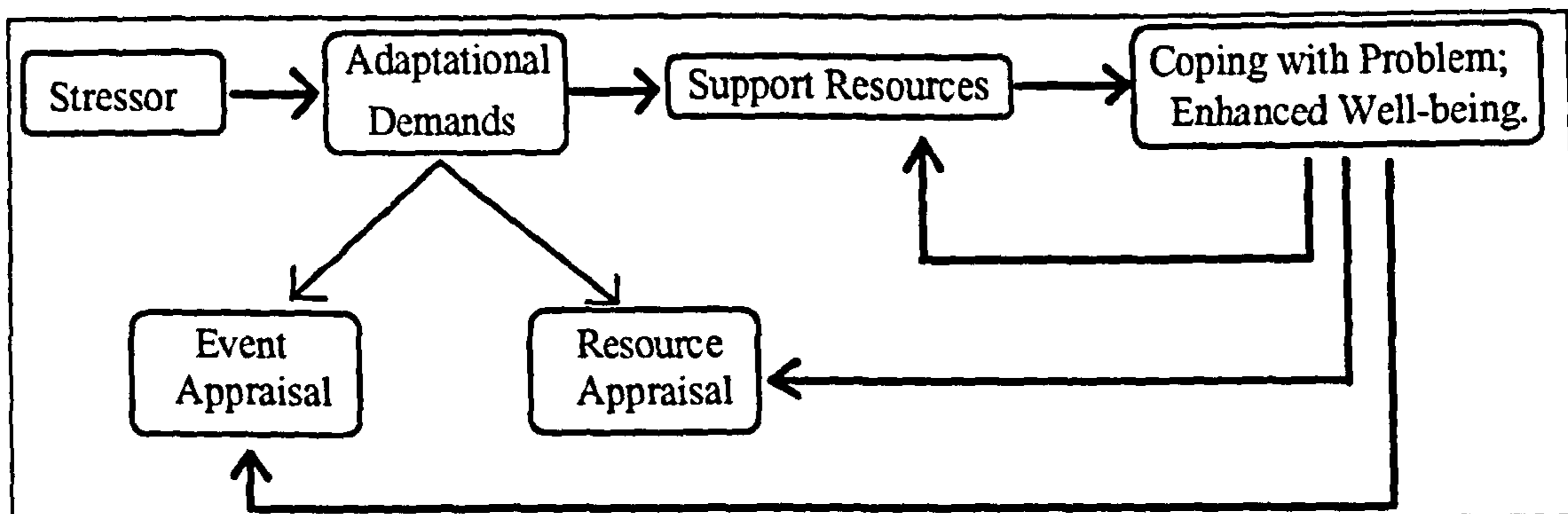
Young people in care consist of a varied group of people who combine both childhood and adult experiences. For instance, some young people are parents at the age of 16 (Quinton and Rutter 1985; Stone 1990), which puts them at once in the adolescent and adult categories. Young people in care thus form a special group of adolescents whose needs and development may not parallel those of adolescents in the general population, and it will be argued that young people in care have more numerous, and possibly more difficult, specialised tasks to deal with during adolescence than young people in the general population. Adolescents at risk in the US, such as drug and alcohol abusers, offenders and teenage parents, often have problematic family relationships as one of their antecedents (Dryfoos 1990), indicating that conflicting or poor parent - adolescent relationships can have far reaching effects on young people's coping strategies. While it was pointed out above that adolescents in the general population turn to parents and peers for most of their social support (e.g. Coleman and Hendry 1990), young people in care have no or little access to parents as a source of support and it is unknown who fills this gap, if it is filled at all. Young people in care will have a primary carer, in place of a parent, but the intimacy and quality of the relationship built up with this person is not by definition similar to the parent-child relationship.

### **1.3.3 Social support**

In this thesis, social support will be regarded as embedded in stress and coping research (Monat and Lazarus 1985), as a resource which enables people to deal with stressors. A stressor is an event in which people's resources are taxed. People make cognitive appraisals of both the stressful event and the resources they have available to deal with the problem (Heller and Swindle 1983). Ideally, there should be a match between the stressor and the type of social support (Vaux 1985). This has also been called the stressor-specific model of social support (Wilcox and Vernberg 1985). The positive outcome of coping adequately with the problem leads to increased well-being which in turn broadens access to social support (Argyle 1992) and

possibly one's social support network. The acquisition of a larger social network might increase coping strategies and the cognitive appraisal of resources. This last link however remains as yet unsubstantiated. Figure 1.1 shows how social support is hypothesised to work.

Figure 1.1: The stressor specific model of social support (Wilcox and Vernberg, 1985).



Research on social support has so far neglected the area of adolescence, preferring to focus on adult populations. In addition, social support has been mainly addressed with reference to health outcomes in ill populations. Little is known about young people's social support networks, with the exception that parents and peers are thought to be the main providers of social support. Less is known about the social networks of young people in the care system. It is not known whether parents and peers provide the same type of support in the same type of circumstance, and neither is it known what type of support young people find helpful. This thesis then aims to bring together the topics of social support and young people in care to examine Wilcox and Vernberg's (1985) theoretical framework, and to identify sources of support for young people in care and in the general population.

## **1.4 Children in care**

### **1.4.1 Introduction**

This section presents a review of research on children in care, specifically focusing on reasons for entering care, experiences in care, and leaving care. In addition, figures on those in care, and the legal framework regarding out of home care will be presented.

### **1.4.2 Why is out of home care needed in the UK?**

Children need to be looked after outside the home, if parents cannot provide adequate care or if parents abuse their children. Children are also taken into care when their own behaviour is so extreme (e.g. violence, behavioural problems) that parents cannot cope with it in the family.



Research has been done to examine factors precipitating entry into care, which can be roughly divided into social characteristics, parent characteristics and child characteristics. There will inevitably be an interplay of factors and it is important to point out that there is rarely one reason alone for children to enter care. Entry into care is often the culmination of an ongoing crisis, rather than a consequence of one isolated incident. Table 1.1 gives a short overview of common reasons.

Table 1.1: Common reasons for entry into care: usually a combination of reasons cited below

Social Characteristics	Parental Characteristics	Child Characteristics
deprivation, poverty receiving Income Support poor housing, council housing poor neighbourhood	mental illness divorce* physical disability abuse/neglect* social isolation	beyond parental control* emotional or behavioural problems* learning disability or handicap violence* offending

The reasons dotted with an asterisk (\*) indicate a component of interpersonal interaction. For instance, if the reason for entering care is that the child is beyond parental control, this can be seen as the child's, or the parent's, or both their characteristics. Similarly, abusive behaviour can be produced by parents, and 'provoked' by children, and can be seen as a family interaction pattern (Kaufman and Zigler, 1989). These interactional problems are often compounded by social circumstances.

Social deprivation, which includes poverty, unemployment, poor housing (Thoburn 1988; Bebbington and Miles 1989) and parental problems such as divorce, single parenthood, mental illness (Rutter 1966), physical disability, abusive behaviour or child neglect (Packman 1981; Packman, Randall and Jaques 1986) have all been cited as reasons for entry into care. Again, none of these reasons alone are sufficient for entry into care, rather an interplay of child, social and parental characteristics predict entry into care.

Packman *et al* (1986) investigated children entering care and found highly transient family relationships. In Packman *et al* (1986)'s sample of 361 children, one in five were living with step-parents and only half of the children living with other children lived with brothers and sisters by birth. The other half shared their parents with step, adoptive, half brothers and sisters. Forty percent of children lived in single parent households and 56% had experienced parents' divorce. Rowe *et al* (1984) found that there was a high likelihood of children having lived with other relatives or elsewhere before entering care, suggesting that people try to arrange informal substitute care first, before involving the authorities.

Parents' lack of social support is often mentioned in connection with children entering care (Packman, Randall and Jaques 1986; Department of Health 1991b), indicating that parents have few opportunities for children to be informally looked after by others, before approaching formal authorities. Many of the problems outlined above have social isolation as a related feature. Mental illness in adults for instance, may be accompanied by poor social skills (Argyle and Martin, 1991), and poor access to informal support sources. Coping with one's illness or disability as well as with family life can be a hard burden to bear. Social isolation can occur after divorce as well, when a single parent may not find it easy to get help with the children. It has been noted that parents at risk of abusing or neglecting their children, are those who have few contacts outside the home and who live in marital discord (Kaufman and Zigler, 1989). In addition, such parents are more likely to have low self esteem, poor interpersonal skills and a history of poor peer relations in childhood (Kaufman and Zigler, 1989). If parents are likely to be isolated, then it is also likely that children do not develop positive supportive relationships outside the family. Frequently children in care have parents who themselves have been in care, or who themselves have experienced abuse or neglect in childhood (Rutter, Quinton and Liddle 1983). If children are being reared by potentially vulnerable parents, who have themselves low senses of self worth, poor interpersonal skills and traumatic childhood experiences, then a great risk exists for a new generation of children suffering similar levels of social isolation and lack of interpersonal skills.

Children often contribute to problems in the household, and some young people who are beyond parental control, or who break the law can also be taken into care (Packman, Randall and Jaques 1986; Millham, Bullock, Hosie and Haak 1986). Packman *et al* (1986) described the children in their sample as victims, volunteered children and villains. The victims were neglected or abused in their families, while volunteered children were put into care when parents felt they could not cope and needed some respite. The villains were beyond parental control, demonstrating that the core of the problem lay at least in part with the child. These categories can overlap. Some children display 'bad' behaviour and are later taken into care because they are volunteered by their parents, or victims can become villains and be taken into care because of bad behaviour.

The interplay of these social, parent and child characteristics can lead to a child's entry into care. None of the above reasons for entry into care is sufficient for a child to be taken into care, but a compounding of problems in the home results in troubled families needing help in dealing with the day to day realities of child care (Rutter and Madge 1976). It becomes clear then that a direct cause - effect link cannot be established, and that exacerbation of problems in already stretched families, contributes to a large extent to the risk of children entering care.



### 1.4.3 The experience of being in care

The most common experience of care is one of frequent moves in and out of children's homes, foster homes, and temporary arrangements, with a few returns back home. Placement breakdown is common and happens more often if siblings are separated (Berridge and Cleaver 1987). The risk of breakdown is reduced if children keep up links with their original families and if they spend only a limited time in care (Wedge and Mantle 1991). More over, Wedge and Mantle (1991) found that placement changes were unlikely in foster families where foster mothers were over forty years old, and when foster parents had previous fostering experiences. The family composition of the new foster family also appears to influence the risk of placement breakdown: ideally the placed child should be at least three years younger than the other children in the foster family (Wedge and Mantle 1991). In addition, Bullock, Little and Milham (1990) found that once placement breakdown had occurred it was more likely to occur again in the future, particularly if the child was young. Also, the more placement breakdowns a child had experienced, the smaller their chance of returning home was. Continuity in care is an important factor associated with a child's return home.

Ideally, children should enter care for a given time and remain permanently placed in one placement, maintaining links with their original families, to minimise the disruption of their lives and to maximise their chances of forming long lasting relationships with a few adults. Ideally, children spend less than two years away from home and then integrate back into the family of origin (Bullock, Little and Millham 1990; Aldgate 1993). In practice however, this rarely happens, even though the most recent legislation attempts to enforce these ideals (Children Act 1989; Colton, Drury and Williams 1995). Children therefore experience continual cycles of attachment, loss (Bowlby, 1969) and re-attachment, with their own parents and with substitute carers.

The evidence on placement breakdown suggests that once discontinuity of carers and families has set in, the child in care is likely to re-enact this scenario in a variety of ways. Breakdown could be a logical consequence of previous experiences of severed ties. Once a few important relationships have been disrupted or cut off, it might be difficult for young people to trust on relationships being continued and maintained in the future. This presents difficulties in building up links with new carers, new friends, and other new acquaintances in young people's lives. Since these other people may be valuable sources of social support, this breakdown adds to the risk of social isolation.

#### **1.4.4 Effects of being in care**

##### **1.4.4.1 Relationship development in care**

Attachment theory poses that relationships in childhood, and particularly the carer-child relationship influence the way in which young people and adults form relationships with others (Bowlby, 1969; Hartup and Rubin 1986; Sroufe and Fleeson 1986; Sroufe 1988; Belsky and Nezworski 1988). The parent is the child's first source of emotional support (Park and Waters 1988) and their availability and helpfulness will predict how children go on to seek and need emotional support later on in life (Sroufe and Fleeson 1986). Most children live with their parents, who remain stable attachment figures to them. Those children whose parents divorce, often suffer the loss of one attachment figure, but remain attached to one of their parents. It is only children who are removed from their homes who have to form various different attachments to ever changing carers, and who suffer the loss of these figures. In comparison, children who are in boarding schools may also experience multiple carers, but while the relationships with parents change, parents remain the primary attachment figures for children at boarding school. There is a level of stability there that is not immediately clear for children in care, who lose their home and frequently lose their schools and community too. This traumatic, cyclical process is what puts children in care at greater risk for loneliness and isolation.

Children's attachment is known to have far reaching effects into adulthood. It has also been suggested that friendship making ability in early adolescence is related to adult social relationships (Parker and Asher 1987; Fullerton and Ursano 1994). Relationships are thus important: attachments formed in infancy predispose individuals, somehow, to making, maintaining and ending relationships, and somehow these relationships influence people's competence, self-esteem and other psychological variables (Sarason, Pierce and Sarason 1990). Unfortunately, the exact mechanisms of relationship development are not yet clear, and it appears evident that positive early attachments may not be able to counteract bad relationship experiences later on. Young people in care often experience fragmented relationships with parents and other primary care givers. This lack of continuity in relationships is likely to contribute to a lack of social supports in adolescence and adulthood. Furthermore, feelings of loss, rejection and confusion concerning families of origin are common (Packman 1981; Packman, Randall and Jaques 1986; Jaffe, Wolfe and Wilson 1991), which do not help to sustain relationships with parents and other relatives.

A study addressing early childhood disruption and support was carried out by Hodges and Tizard (1989b). They followed up 62 adolescents who had spent just the first two years of their lives in residential nurseries and who had either been returned to their original family (n=10),



or been adopted (n=21). A comparison group of young people who had not been in care was also investigated (n=31). Mothers (birth mothers in the returned and non-care families; adoptive mothers in the adoptive families) were interviewed on whether the young people would seek their support and closeness and whether the adolescents would confide in them. The majority of each of the three groups said that the adolescents would confide in them. The mothers in the three groups however did report differences in whether the young people would be inclined to approach other people at all for support. The mothers of the adopted adolescents and of the adolescents returned to their original families indicated that the young people would not be inclined to confide in other people, while the mothers of the adolescents in the comparison group said they would. It seems then that there is a difference in willingness to seek support at all in these groups of young people. In addition, the adopted young people were reported to turn to peers for support more often than the other two groups. While these findings relate to young people who have only spent a relatively short time, and only the first two years of life, in care, the findings are significant here in illustrating that adolescents who have experienced continuity throughout childhood have different support needs and seek support more often than those who have not experienced such continuity. It is, however, unclear whether the patterns displayed by the adopted and returned young people in Hodges and Tizard's study can be generalised across other samples with care experiences, since a high level of continuity of carer must have followed the initially fragmented period. Furthermore, no information is available on the accuracy of the mother's information, and whether the young people agreed with their parents' assessment of their support seeking behaviour.

Even the memory of the infant's attachment to the carer can influence the quality of child-parent relationship later in life. Kobak and Sceery (1988) found that those college students who were dismissive about their parents in the present time, found it hard to remember details of their childhood. They also rejected their parents and peers, and did not consider themselves loved much as children, while idealising their parents at the same time. As college students these young people expressed a high level of loneliness, and low levels of perceived support from their families. They were also hostile, inviting rejection by others, suggesting to the authors that the attachment needs of this group were frustrated and that they were expecting rejection by others, on the basis of prior experience. These findings imply that young people in care experiencing rejection early on in life could expect rejection to re-occur over their life span, thus affecting their willingness and ability to form supportive on-going relationships. Early childhood experiences of rejection may thus place young people at risk of developing poor, or hostile relationships with others, contributing to a lack of social supports later on in life. Children in care, with fragmented experiences of family life and rejected by parents thus form an interesting group of study with regard to social support networks, as their detrimental childhood experiences are expected to contribute to social isolation and poor relationships later



on in life.

### **Re-attachment**

Re-attachment can occur when children in care form a relationship with foster and residential carers. Some children are unable to feel attached to new carers, while others only form shallow attachments (Rushton 1989). This suggests that new carers are in fact not always likely sources of social support to young people in care, because their relationships may not have developed sufficiently. Children in care might have particular difficulties in trusting new carers. For instance, Ackland (1982) found that the majority of his sample (girls in residential care) had problems trusting others. They were unlikely to approach staff for help, and even felt uncomfortable asking friends for help, because they felt they could not trust other people. Children who have suffered neglect or abuse in the home, often behave uncooperatively in a new setting (Cairns, Cairns, Neckermann, Gest and Gariepy 1988). They act aggressively or are extremely withdrawn. Some abused adolescents cope with their problems by offending or by being sexually promiscuous (Crittenden and Ainsworth 1989). It takes time and effort for abused young people to trust others again. As one young woman stated:

‘I didn’t feel I could really trust anyone just in case I got kicked in the teeth. So, in some ways, it was lonely being in care and I still have problems trusting people now’.

Miller (1992) p93

Rushton (1989) argued that new carers could be trained to deal more effectively with children in their care to help children forge relationships with others. Interestingly, Rushton does not argue that children in care with abuse histories or other disturbing experiences have a need for counselling or therapy themselves.

Berndt (1989) has called for specialised social skills training for young people who have difficulties in forming and maintaining friendships, since relationship skills may not better themselves spontaneously over time. Argyle (1987) has argued that social skills are crucial for making friends: those who have few social skills often become lonely and depressed, are considered less attractive, and less likeable by others. Social skills training should include training in extraversion, assertiveness, co-operativeness and conversation, since such skills are the main features of happy people (Argyle 1992). It is likely that some young people in care are not equipped with appropriate relationship skills due to adverse experiences early on in life. Furthermore, the continuous cycle of attachment and loss, even while in care, contributes to both the young people’s lack of self-esteem and their lack of control over situations.

Homesickness, and the perceived lack of parental and sibling support which may be associated with this (Fisher 1989), is an important feature of being in care, which has not received



researchers' attention. Some young people in care are known to run away because they want to visit parents (Ackland 1982), indicating that some children in care are homesick.

In short, the lack of continuity in relationships and the lack of trust in others is expected to have a marked effect on the quality and duration of interpersonal relationships. Children in care are continually cycling through attachment, loss, separation, and re-attachment, and this cycle of events is one which most other people need never perform. Social skills too are required to access sources of support and many young people in care will not have had the opportunity to develop these in a safe, continuous, supportive family context. Indeed, the study reported by Hodges and Tizard (1989b) suggested that early childhood experiences of residential care, lasting for only the first two years of life, had a marked effect on young people's willingness to seek social support, compared to young people in the general population. Furthermore, experiences of parental rejection have been shown to have an ongoing effect on young people's relationships, where young people adopt more hostile behaviour, inviting hostility and rejection from other people around them (Kobak and Sceery 1988). In addition, these young people were found to be lonely and not receiving much parental support. These negative experiences of rejection and poor role models of social skills, coupled with repeated occurrences of attachment, loss and re-attachment cycles, contribute to a lack of sources of social support.

### **Educational development in care**

Young people in care and leaving care have notoriously poor educational outcomes, which puts them at risk for unemployment later on life. School teachers appear to treat children in care differently from other pupils, setting lower standards for their educational achievements (Aldgate, Colton and Heath 1987). Furthermore, teachers often perceive children in care as more aggressive than their non-care peers (Hodges and Tizard 1989a), leading teachers to treat the children differently in class. Teacher expectations of pupils can become self-fulfilling prophecies as Heath, Colton and Aldgate (1994) have pointed out. Heath *et al* (1989; 1994) followed a group of 49 children in long term foster care, aged eight to 14, over the course of three years and monitored their progress in vocabulary, spelling and mathematics. The children were compared to a group of 58 children whose parents had been in contact with the social services but who were not in care. Heath *et al* (1994) found that the school performances of both groups was a little under the national average, with the young people in foster care performing the worst. The children with the lowest test results came from original families where, the social services suspected, child abuse or neglect was present. An important aspect of these findings is that it is the children who suffer emotionally, in the home, who perform badly at school. Thus, it appears that even after long term foster care the original experiences from the biological home can have an impact on children's educational achievement and that teacher expectations can become self-fulfilling prophecies. Possibly matters are not helped by children trying to seek the



attention of the teacher or other adults in the room (Hodges and Tizard 1989a). However, the main problem of children suffering emotional upset is not one which can be adequately addressed in the school situation and for which further psychological or counselling help will be required.

Some young people in care, on the other hand, do very well in education and attribute that success to the encouragement given to them by their foster or residential carers (Fletcher 1993). Even if parental or carer support is not strictly necessary for good educational outcomes, the perception of carer support most likely is (Barrera 1986). Cutrona, Cole, Colangelo, Assouline and Russell (1994) pointed out that even older high school students' grades were predicted by parental support, rather than any other source. The reassurance of worth provided by parents proved to be the active ingredient of parental support. This may also be what young people in care experienced who felt encouraged by residential and foster carers. The importance of educational achievement reaches beyond school, into the job market. Poor educational achievement contributes to the chances of unemployment or poor employment prospects, which once more, can lead to isolation or poor social support.

The above then suggests that placement in care in itself can lead to relationship problems between the placed child and their new family. This stress may hamper the formation of trusting and supportive relationships with carers. In addition, poor or discontinuous social relationships may lead to poor social support provision in adulthood, and poor educational or vocational achievements which could lead to a vicious circle of further deprivation.

#### **1.4.5 Need for prevention**

If the knock-on effects of spending one's childhood in care can be so devastating on a personal and societal level, then why does this practice of out of home care still persist? Could placement in care not be substituted for prevention programmes? Many researchers and policy makers have emphasised the need for prevention, recently (Aldgate 1993; Marsh and Triseliotis 1993), and twenty years ago (Tizard and Tizard 1974). Parents too have made it clear in research studies that prevention in the form of respite care would be welcome to them, since it can provide a much needed break (Aldgate 1993). Once more, the recommendations and guidelines, even in legal terms, appear to be available (Children Act 1989), while child care practice has not caught up. Partly this may be due to the lack of resources afforded to Local Authorities, but partly the blame may lie in identifying priorities in child care. The Children Act 1989 placed a high priority on child protection and it seems that child protection issues are receiving more attention than subtle pleas for help from overburdened families. Redressing the balance and supporting needy families at earlier stages of distress may well result in fewer casualties of the care system.



Unfortunately, while the Children Act 1989 recommends supporting families and working in partnership with parents and agencies, the organisational structure of services as they exist, may not be best set up for this (Colton, Drury and Williams 1995). With the emphasis on child protection in social services, people may not even be aware that other levels of assistance are available. Social services have long had a punitive image: parents may therefore refrain from asking for help if they are frightened that their child might be taken away from them. Later on in this thesis, attention will be given to child care in other EC countries and it will be argued that the organisation of services itself contributes to a different philosophy of assistance.

#### 1.4.6 Leaving care

Children and young people leave care to return to their homes, which is most likely when they are aged under 18, or to live independently when they leave as teenagers. Some young people are automatically discharged at 18 years of age, while others discharge themselves before this age. Lupton (1985) studied the case reports of 600 young people leaving care for independence in Hampshire (UK) and found that young people leaving residential homes left younger than those in foster care. Residential leavers left mostly in the year after their 16th birthday. In addition, young women stayed in care slightly longer than young men (Lupton 1985), which may be a reflection of gender stereotypes: that young men can look after themselves while young women need protection.

Few studies have been carried out in the UK on care leavers and their destination. However, those that have, point to a lack of stability and permanence. For instance, Stein and Carey (1986) followed up 45 young people after leaving care in the UK and found that more than half had made a geographical move. This disruption could have an important impact on the opportunity to develop and maintain friendships. Many young people talked about loneliness after leaving care, especially if they were living in single flats or houses. Stein and Carey found that

‘... at each interviewing stage approximately half of the group had moved at least once, some several times, and another third were considering moving.’ (Stein and Carey 1986 p87).

Some of the moves were a result of breakdown of relationships, with families (biological families, foster families) or partners.

Leaving care is a time in a young person's life characterised by ambivalence and uncertainty (Smit 1993). The period prior to leaving gives rise to worries and insecurities, even if it is also experienced as an exciting prospect. Young people in Stein and Carey's study (1986) were generally ambivalent about leaving: it would mean freedom from residential and foster care



rules, but also the risk of isolation and loneliness. For this reason Smit (1993) defined leaving care as a stressful life event. Other stresses too have been shown to be associated with leaving care, such as pregnancy, homelessness, and social isolation, all of which could greatly impact on the young people's available sources of social support. Young women leaving care have been found to be more at risk of becoming pregnant than young women growing up in families (Rutter and Madge 1976) and often wish to keep their child (Quinton and Rutter 1985 and 1988; Kahan 1989; Stone 1990; Stein, Wade and Biehal 1993). The relationship with the father of the child does not always continue and so these women can find themselves single parents and at great risk of isolation. Many teenage mothers with or without partners, live with their parents while pregnant and expecting (Quinton and Rutter 1985), and this recourse is not available for most care leavers.

Young people in Stein and Carey's (1986) study commonly expressed worries about money and accommodation. A study carried out amongst 49 homeless young people in London (Randall, 1989) showed that over 40% had been in care in the past. Hutson and Liddiard (1994) pointed out that although only one percent of all young people in the UK are ever taken into care, 22% of their sample of homeless young people had been in care. Similar figures have been found by other researchers. Bullock *et al* (1990) suggested that a particular sub-set of young people in care are at risk of becoming homeless. They found that those young people with a history of placement breakdown, with few social skills and few family ties were more likely than others to become homeless after leaving care. This finding echoes an American study (Wells, Wyatt and Hobfoll 1991) which found that little or no family support, together with many moves after discharge from residential treatment programmes, and much stress, meant that adolescents did not adapt well to life after care. In fact, these American care leavers were likely to experience very little social support from family, friends and the community.

#### **1.4.6.1 Sources of social support for care leavers**

Below potential sources of social support for care leavers will be discussed, examining families, friends and formal sources in detail.

##### **Family relationships**

Family members, mainly siblings, are the most important sources of support to young people leaving care, according to Lupton (1985) and Partridge (1989). Stein and Carey (1986) on the other hand reported that mothers were still an important source of support to some young women in care, but that this was a minority group. The majority of young people lost contact with at least one parent and commonly felt quite bitter and resentful about this rejection. Often contact with other relatives, mainly grandparents and siblings, was re-established after leaving



care. If relatives were not available to provide emotional support, the young people would report foster relatives or other adults as a source of support. Young people leaving care need to have someone whom they know cares about them and who is available to them (Partridge 1989). Some young people stay on with foster carers for this reason (Stein and Carey 1986), others settle down with their partner, and some with their own children. Research carried out by Biehal, Clayden, Stein and Wade (1992), using questionnaires filled in by social workers on 183 young people aged 16-18, found that nearly a third of the young people had daily contact with members of their family, while 23% had weekly contact with their family (Biehal *et al* 1992). While these results suggest the young people had productive and supportive families, there is no mention of whether family relationships for care leavers provide the same level and type of support as families do for young people who have not been in care. Being in contact with a parent is not the same as enjoying a supportive relationships with a parent, and again says little about the quality of attachment between parent and child. Furthermore, care leavers starting families may be their way of exorcising family relationships of the past and making a fresh start in a new context. However, many of the problems and trauma experienced may not yet have been adequately dealt with in psychological terms, risking a recurrence of problems in this new family. Again, psychological assistance before starting a family, or during the young person's placements in care, could help prevent another generation of family problems.

Family relationships thus present a mixed picture: young people leaving care tend to lose contact with some family members while renewing or maintaining contact with others. It is as yet not known why some relatives are seen as important and why others are not. In addition, little is known about which type of support is expected and received from family members, and whether different family members contribute different types of support.

### **Friends**

Friends too were mentioned by Lupton (1985) as important sources of social support. In contrast, Stein and Carey (1986) found that friends were described as being important, but they were not regarded as people to talk to. Friends were considered company to go out with, but this in itself was a problem due to financial constraints. Friendships made while in residential care do not usually carry on after discharge (Stein and Carey 1986; Partridge 1989), raising the question with whom young care leavers do make friends. If friends were not regarded as people to talk to, and if families were not available for emotional support either, then who is available for emotional support?

About a third of Stein and Carey's (1986) sample reported having a serious or long term boyfriend or girlfriend who was a source of support, suggesting that partners are more favoured as support sources than friends. However, it is not clear for which type of support partners are



the preferred sources, compared to families, and compared to professional sources. In adult populations partners often feature as the most important provider of support (Argyle 1992; Brown 1992), especially emotional support, but it is unlikely that processes in adult close relationships are similar to those in adolescent close relationships, given that the duration and quality of the relationships are probably different. While young people leaving care may resemble adults in many ways (living independently, working or training for a job), their close relationships appear more similar to those of other adolescents living in families.

### **Formal agencies**

Some young people in Lupton's large (1985) sample kept up relationships with agents of formal services, such as social workers or probation officers. In contrast, Biehal *et al* (1992) noted that no professional support, i.e. support from a leaving care team or individual social worker, was available to a quarter of their sample, while only a few young people were receiving support after leaving care from residential workers (7.5%) and foster carers (11.5%).

Research carried out by Stone (1990) which focused on different models of service delivery in Leaving Care Schemes in the UK gives some more insight into what type of professional support is required by young people leaving care, and what social workers expect to provide. Eighty five British young people who had recently left care enumerated their priorities for services from Leaving Care Schemes as follows: financial help, accommodation and access to training. A further thirty two young people were interviewed on what they wanted from the scheme. The majority had approached the scheme for help with accommodation (85%). The second choice for most was personal counselling and a listening ear, indicating that besides practical help the young people wanted some emotional support. Overall, the young people's satisfaction with the Leaving Care Schemes was very varied: over half thought the scheme was good or very good, while the rest had reservations or were extremely negative about the helpfulness. The wide range of demands, and of opinions, appear to be a reflection of the heterogeneity of the care leavers themselves. The social workers in Stone's (1990) study indicated that the young people were most likely to need emotional support from professionals and felt they should provide counselling. The emerging picture is one of professionals trying to support young people in their own best way, without an effort to match support needs with support provision. If professionals feel they are providing 'support' while their clients do not appreciate it as such, then the intervention can not be seen as supportive (Vaux 1985; Wilcox and Vernberg 1985).

### **1.4.6.2 Conclusion**

Young people leaving care are thus usually aged over 16, and more often over 18, if they have



been in foster care. The young people's destination after care is unclear, as many experience multiple moves, and frequent changes in relationships. Young people leaving care are at a higher risk than their non-care peers of becoming pregnant, homeless and socially isolated. Many maintain or renew links with their original families, but it is not known what type of support families provide. In addition, partners appear to be important providers of support. Many care leavers settle down with families of their own, but it is doubtful whether the full extent of their experiences has been adequately dealt with psychologically.

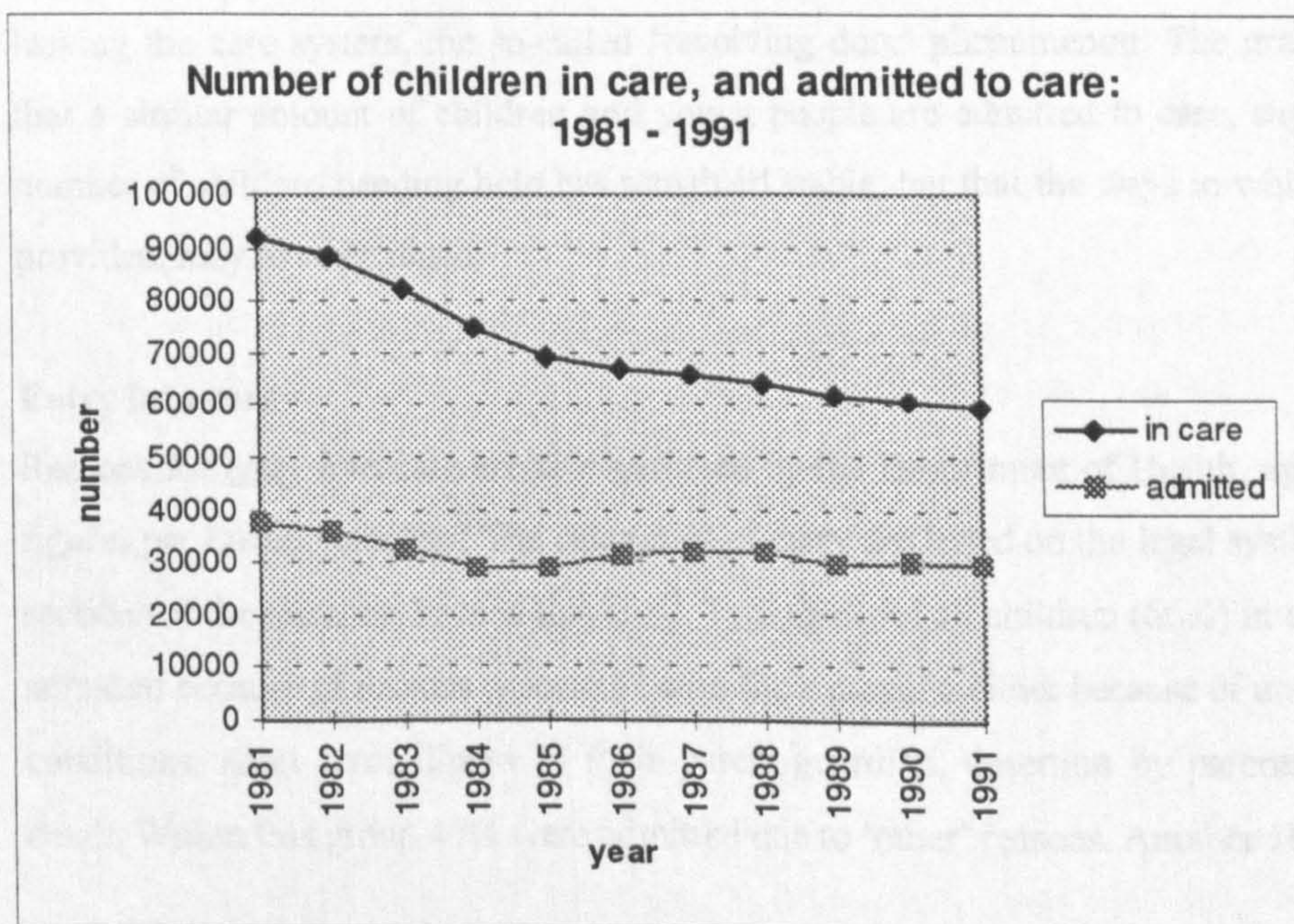
#### 1.4.7 Facts, figures and legal framework

##### 1.4.7.1 How many children and young people are affected?

National statistics are collected in the UK from March to March each year and published by the Government (Department of Health, 1989, 1990, 1991a). The national statistics are divided into children entering care and children already in care, which can lead to confusion. The figures of children entering care could be compared to incidence, whilst the number of children in care in a given year could be compared to prevalence figures.

The number of children in Local Authority care in the UK is falling gradually, from 92,270 in 1981 to 60,532 in 1990 and 59,834 in 1991. (See Figure 1.2). In 1991 5.52 children per 1,000 in the general population spent some time in care, compared with 7.66 per 1,000 in 1981.

Figure 1.2: Figure showing numbers of children in care, and entering care, from 1981 to 1991





Over half (58%) of the children in care in 1991 were accommodated in foster homes, while a minority (16%) were in residential homes. Twelve percent were under the charge and control of their parent or guardian, while only 3% were placed for adoption. Table 1.2 gives the age distribution of those in care in 1991.

Table 1.2: Age distribution of those in care in 1991 (Source: Department of Health 1992)

Age	Percentage
16 years and over	22%
10-15 years	39%
5-9 years	21%
under 5 years	18%

In the last few years the peak of children in care aged 10-15 years has slowly declined as has the number of children aged 16 and over. An increase over the last ten years occurred in the 1-4 and 5-9 age groups, which may be associated with the increased recognition and diagnosis of physical and sexual abuse in families.

The sex distribution is about half and half (53% were boys, 47% were girls). This distribution has been stable for the last few years (Department of Health 1989, 1990, 1991a). In 1991, 29,382 children were admitted to care, whilst 28,282 children left care. Half of those leaving care had been admitted earlier in the same year. This rate of children entering and leaving care in the same year has remained constant over the last 10 years, suggesting that short-term emergency care is sufficient for some children or that a group of children keep entering and leaving the care system, the so-called 'revolving door' phenomenon. The graph also suggests that a similar amount of children and young people are admitted to care, suggesting that the number of children needing help has remained stable, but that the ways in which help has been provided, may have changed.

### **Entry into care**

Reasons for entry into care are also gathered by the Department of Health, again based on the figures per Local Authority. The categories of entry are based on the legal system and pertain to sections of the different laws in this area<sup>1</sup>. Two thirds of all children (66%) in care in 1991 were admitted because of reasons associated with their parents: either because of unsatisfactory home conditions, short term illness of their parent/guardian, desertion by parents or the parent's death. Within this group 47% were admitted due to 'other' reasons. Another 16% were admitted

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<sup>1</sup> These figures were gathered before the Children Act 1989 had taken effect.



by order of the courts, being on remand or committed for trial or subject to an interim care order. Another 8% were admitted into care because of (suspected) neglect and ill treatment by parents or being beyond parental control or in so called moral danger, being guilty of an offence, or not going to school. The remaining ten percent entered care under other legislation, resulting from divorce and matrimonial law or as a ward of court. The reasons presented here are the Government's statistical categories and some remain rather vague. For instance, being in moral danger carries considerable subjective weight, while the 'other' category could include many family scenarios.

### **People in care**

The children who were already in care in 1991 present a different picture. Only thirty six percent were in care due to reasons associated with their parents: either because of unsatisfactory home conditions, short term illness of their parent/guardian, desertion by parents or the parent's death (roughly one third compared to two thirds of children entering). Over a third (36%) were in care in 1991 due to parental neglect, ill treatment or reasons associated with the young people themselves: being beyond parental control, not participating in education or being guilty of an offence. This compares with only 8% taken into care. A small group (5%) were in care for a brief period due to remand, committal for trial, or were subject to an interim care order. Roughly a quarter (23%) of those in care in 1991 were in care under other legislation, notably as a result of divorce, and as wards of court.

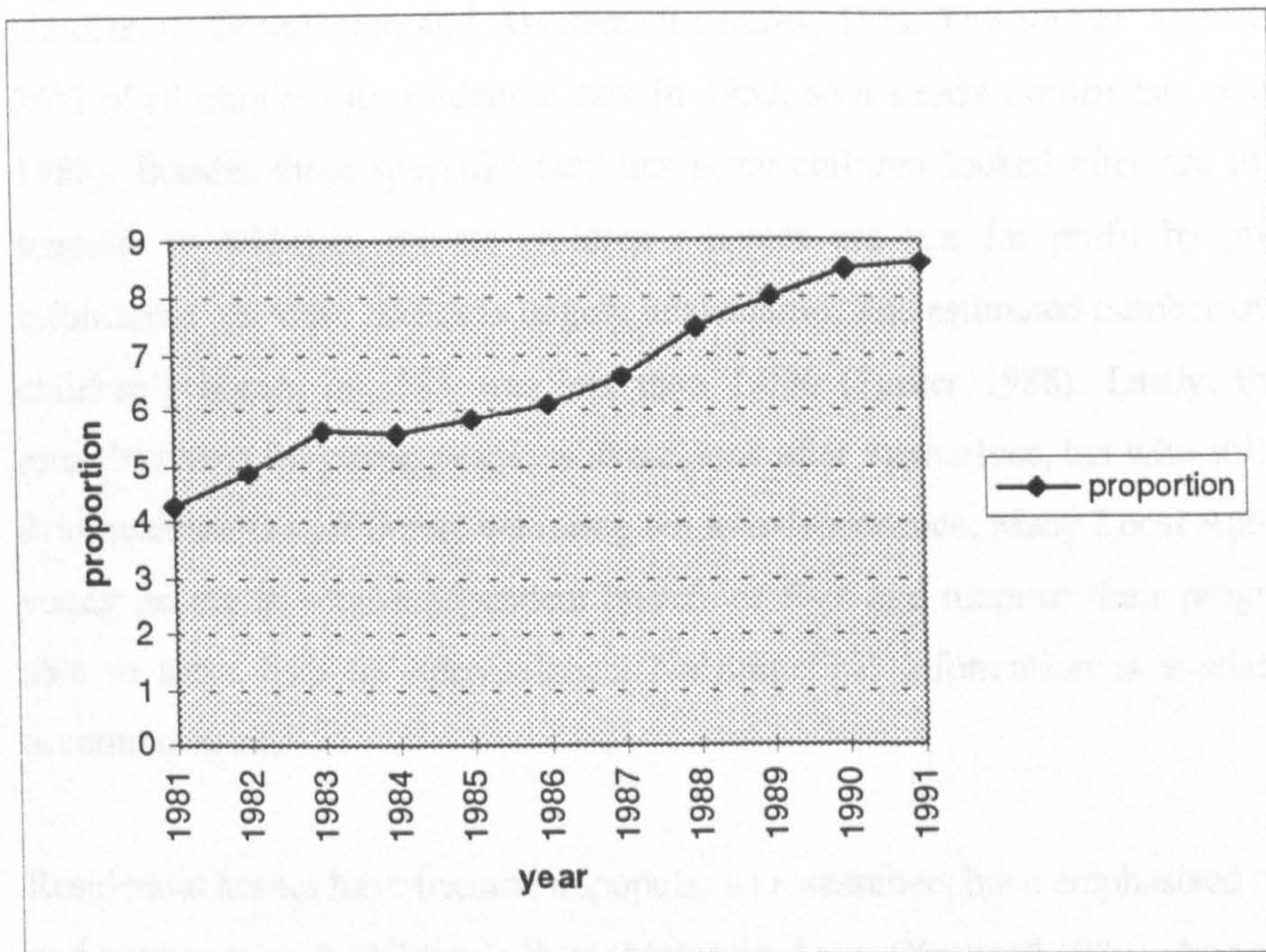
### **Leaving care**

The figures of young people leaving care in England during 1991 show that 51% left care to become either self-supporting or to be looked after by parents or guardians. A further 14% were discharged from care under various care orders, while 5% left because their detention or remand had ended. Eighteen percent left because they had reached the age of 18 or 19, while roughly 8% were adopted. The remainder left care because they died (0.3%), because they emigrated (0.04%), because their care was transferred to another Local Authority (0.3%) and 3.3% left for 'other reasons'. While the above gives some idea of care leavers, the figure combining those leaving to return home and those leaving to set up home independently obscures the proportions of returners and independence seekers. For the purposes of this thesis it would have been interesting to distinguish between the two.

There has been an increase over time of young people leaving care to be adopted. In 1981 only 4.26% of all care leavers were adopted, but this figure rose to 8.62% in 1991. Figure 1.3 shows the proportion of children who leave care to be adopted. While this group is not a large one (adoption counts for less than 10% of all care leavers), the reduction of children in care discussed earlier may in part have been helped by this increase in adoption.



Figure 1.3: Figure showing the proportion of children leaving care to be adopted: 1981 to 1991.



#### 1.4.7.2 What sort of care?

Foster care has become the most popular type of out of home care, accounting for 58% of those in care in 1991 (Department of Health 1992). Besides foster homes, children are looked after in residential care, which includes nurseries, ordinary children homes, observation and assessment centres and community homes with education on the premises.

The use of residential nurseries has declined over time and today only a minority of children in care go to nurseries. In 1984 for instance, only 4% of children in care under 5 were in residential nurseries (Parker 1988). Ordinary children's homes, also called Community homes in Local Authority and Government statistics, come in various sizes: smaller 'family type' homes and larger residential homes for 12 children or more. Around fifty percent of all children in residential establishments are in ordinary children's homes (Parker 1988). The number of children in residential homes is declining. In 1991 only 16% of all children in care were in children's homes (Department of Health 1992). There is also an indication that more 'difficult' young people (i.e. those with severe emotional and behavioural problems) are being placed in children's homes (Little 1992), suggesting that although the numbers of those in homes is going down, the severity of their problems is rising. Observation and Assessment Centres commonly keep children for a short while to determine which type of care is necessary. Fifteen percent of children in care in residential establishments attended Observation and Assessment centres in 1984 (Parker 1988) and this has not changed over the years (Department of Health 1992). There are also Community Homes with Education on the premises (CHE's), and the former Approved



Schools. The number of children in 1984 in CHE's is roughly the same as the number of children in Observation and Assessment centres, 15%. The former Approved Schools housed 26% of all children in residential care in 1952, so a steady decline has occurred since (Parker 1988). Besides these specialist facilities some children looked after are in ordinary boarding schools. In addition, private children's homes are run for profit by private agencies, but information on these homes is largely unavailable. The estimated number of children in private children's homes in 1981 was less than 1,000 (Parker 1988). Lastly, there are residential establishments for young people who can look after themselves, but who still need some support from residential staff before venturing out to independence. Many Local Authorities house a few young people in semi-independent hostels or flats and monitor their progress before they are able to leave care to independence. No numerical information is available on this type of accommodation.

Residential homes have become unpopular as researchers have emphasised the need for families and permanence in children's lives (Maluccio, Fein, Olmstead 1986). As a result more children have been fostered and placed for adoption in the last ten years (Colton 1988). In 1981 38% of all those in care were in foster care, while in 1991 58% of those in care were in foster care. Similarly, it was shown earlier that since 1987 the number of placements for adoption have risen (from 1.5% to 3%), while the number of children in care has declined.

There are thus many different care settings, which have been used differently over the years. The current debate on permanency sees a rise in foster care and a decline in residential care. This is not likely to remain the case, as more and more troubled teenagers are populating community homes, causing special problems and concerns. Furthermore, the emphasis of the Children Act 1989 on family support, and the court having to ascertain whether it would be better for it to make a court order or not, means that it is likely that fewer children will be placed out of home in the future. Below the Children Act 1989 will be addressed in detail, focusing on how the Act has changed legislation since the previous 1980 Children Act.

#### **1.4.7.3 Legal framework**

The young people reported on in this thesis were in care prior to the Children Act 1989 and so it is necessary to outline the new legislation, showing where this differs from the rules and regulations under the previous Children Act of 1980. The Children Act 1989 is the outcome of child care research, extensive expert consultation and even pressure from the European Convention on Human Rights, which spurred on the change of English law to reflect the fundamental rights of parents and children in relation to family life (White, Carr and Lowe 1995).



In brief, the main changes introduced in the Children Act 1989 reflect three fundamental changes in concept: ‘.. namely, parenthood replacing guardianship as the primary concept, ‘parental responsibility’ replacing the concept of parental rights and duties, and new powers to make residence orders rather than custody orders’. (White, Carr and Lowe 1995, p 4). In addition, the non-intervention principle and welfare principle have been introduced. These concepts and principles will be discussed more fully below.

If a court is considering what order to make, if any at all, it has to treat the child’s welfare as paramount (‘welfare principle’, section 1(1)). In addition, the child’s wishes and needs must be taken into consideration, and this includes taking into account the child’s race, ethnicity, culture, language and religion (section 1(3)). The court has the power and duty to impose timetables for proceedings to avoid delays which are considered harmful to the child’s welfare (section 1(2)). The court is also directed not to make an order ‘unless it considers that doing so would be better for the child than making no order at all’ (Children Act 1989, section 1 (5)). These developments reflect a new set of principles, in which this ‘non-intervention principle’ (White, Carr and Lowe 1995) forces the court to justify that making an order is in the child’s best interest. The court has acquired a more pro-active role: it is now its duty to impose timetables and to see to it that these are kept to.

The powers of the court with regard to custody and access have also been changed (section 8), so that flexible and practical arrangements can now be made more easily. These section 8 orders can be applied for by any individual or authority, and can be made in any proceedings brought by individuals or by Local Authorities (White, Carr and Lowe 1995). Any action regarding a child should be discussed and planned with the parents, so that parents retain the ultimate control and responsibility over the welfare of their children (‘parental responsibility’) (Ball 1991). Parental responsibility is defined as ‘all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property’ (section 3(1)).

Court orders should include the amount of time the child spends away from home. Parents and children have the right to complain to the Local Authority and can apply for termination of court orders. These alterations to the law reflect research findings that many children drifted into care for unspecified amounts of time and continued to stay in care till the age of 18 (Department of Health 1991b).

Various section 8 orders are at the court’s disposal, stipulating with whom a child has contact and how regularly (contact order), and where and with whom the child is to live (residence order). Prohibited steps orders require anyone with parental responsibility for the child to take



no steps, without the consent of the court, while specific issue orders are orders which give specific directions when a specific question has arisen with respect to those with parental responsibility for the child (section 8(1)). While the child is away from home, the Children Act 1989 states that children ought to be able to remain in contact with their families and with other people who have fulfilled a parental role towards them (e.g. foster carers, residential carers, other relatives) if this is in the child's best interest. These legal requirements have been shaped by research showing that ongoing contact with parents is important for a child's development in care (Triseliotis 1993).

New terminology was introduced with the Children Act 1989 to replace the blanket phrase 'children in care'. Children are now 'looked after' by the Local Authority, if they are 'accommodated' by the Local Authority or under a care order. Children 'accommodated' are those children in need for whom the Local Authority provides accommodation, because there is no-one who has parental responsibility over the child, because the child is lost or abandoned, or because the person looking after the child is prevented from providing accommodation, or care (section 20 (1)). Children in the care of the Local Authority under section 31 (Part IV, Children Act 1989) are also accommodated. Other children requiring accommodation under different legislation are those who have been removed into police protection and the Local Authority is requested to accommodate the child; arrested juveniles who have been kept in police detention for whom accommodation is arranged; a child remanded in Local Authority accommodation because it is released on bail or because the court deems it of unruly character.

Children can now be taken into care only if the court makes a court order and this is the only way, besides an emergency protection order (under section 44) that Local Authorities can acquire parental responsibility for a child (section 31). This can only be done if the Local Authority suspect the child is coming to significant harm in the home, even if this is against the wishes of those people with parental responsibility for the child. This application to the court can only be made by Local Authorities or a person authorised by the Secretary of State (section 31 (9)). To date, the NSPCC is the only person to have been thus authorised (White, Carr and Lowe 1995). The numbers of children placed under a care order have reduced as a consequence, from 2,900 in the year to 31<sup>st</sup> March 1991, to 1,600 in the year to 30<sup>th</sup> September 1992 (White, Carr and Lowe 1995), reflecting the philosophy of working in partnership with parents, and the court's duty to consider making any order at all. The so-called 'threshold criteria' determine whether the court can consider making a care or supervision order, and these are included in section 31:

only if the court 'is satisfied that

- (a) the child concerned is suffering significant harm, or is likely to suffer significant harm; and
- (b) the harm or likelihood of harm is attributable to-

- (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
- (ii) the child's being beyond parental control.' (Children Act 1989 section 31)

The emphasis is thus on harm and danger to the child, whether due to parental care or the child's own behaviour.

Children 'looked after' are all those in the care of the Local Authority, and those who have been accommodated by the Local Authority. The Local Authority has the duty to make arrangements to allow the child to return to live with its family, or anyone else with parental responsibility (section 23 (4)). Furthermore, the child should be accommodated close to home and if applicable, with their siblings (section 23 (7)). Contact with families is encouraged, except if such contact would harm the child's welfare (Schedule 2, paragraph 15(1), 16). The Children Act 1989 thus recognises the importance of family links, and the importance of continuity of these links. In addition, it is not just parent-child relationships which are encouraged, other family members, such as siblings, and grandparents, are also seen as crucial providers of stability and security.

While a child is looked after by a Local Authority, the Local Authority has a duty to carry out reviews, which are held every 6 months with all people involved in the child's care (section 26). The child has the right to participate in the reviews if it wishes. Others involved in the child's care might include parents, foster carers or residential carers, social worker, teacher, and usually one senior social worker as chair. The Children Act states that children should be given the opportunity to take part in these reviews as well as their families, since research has shown that decision making processes in the past have not always reflected the child's wishes and interests (Aldgate, Maluccio, and Reeves 1989).

When parents are not keen to co-operate with social services, emergency procedures can be taken (section 44). The social services have the right to talk to the child if they suspect he or she is suffering harm from the parents or other people in the home. If permission is not granted to speak to the child, the social services can apply to the courts for an emergency protection order. The social services then have to report back to the court on the child in question and a course of action is agreed with the court.

In the 1989 Children Act, the Local Authorities' duties for after-care were included for the first time, under section 24. Social services have the duty to advise, assist and befriend the young person to promote their welfare. Previously, this was considered good practice, but before the Children Act 1989 this was never the Authority's duty (White, Carr and Lowe 1995). The Local Authority even has a duty to advise and befriend young people in their area whom they know



were formerly looked after (section 24 (4)). Assistance may be given in kind, or in cash either unconditionally, or under the condition that this will be repaid (section 24 (10)), taking into account the means of the young person, and of their parents. While section 24 is an encouraging attempt at retaining contact with young people, the wording of the law is so loose, that this duty can be interpreted in various ways. For instance, weekly face to face contact to establish the young person's well-being, and annual telephone calls both satisfy the letter of the law.

It is common for young people leaving care to receive a leaving care grant from their Local Authority, but the sum awarded can vary. The grant is provided to help young people finance their independent living, so for instance furnishings for a new flat and funds for travel to gain work and / or education might be included. Social workers make individual assessments of need which means the grants are not necessarily evenly distributed. It is also common for social workers to help young people leaving care to find accommodation and employment. Accommodation and employment opportunities vary across Local Authorities and so young people leaving care in one Local Authority might be housed in high quality Local Authority flats while young people in other Local Authorities may be provided with tatty private Bed and Breakfasts.

Since social workers are, by law, young people's mediators to housing, work, education or benefits, the social relationship between the young person and their social worker is extremely important. While the legal requirements are in place to aid the development of young people leaving care, positive relationships between the young people and their social workers do not always exist. A negative social relationship between client and social worker could mean that access to goods and services is denied to young people. Access to social workers means access to after-care resources, such as work or training, which in turn could mean access to particular support networks, such as colleagues or friends. While the law dictates that social workers 'befriend and assist' young people leaving care, friendship is normally embedded in social ties, rather than in legal relationships. Attempts to befriend may include many attempts at positive interaction, but individual workers cannot be blamed if befriending fails. In this way, the law fails the young care leavers: while befriending ought to be part of the after care service, such a relationship cannot be forced.

#### **1.4.8 A review of non-British child care services**

In the previous section, the British child welfare system was described, emphasising the introduction of the Children Act 1989. Since the introduction of the Children Act 1989 was in part a result of pressure from the European Convention on Human Rights, it could be expected that the other European countries already had laws covering the rights of children and families. There is not much research available which deals with comparative social work and child care



outside the family. The work that is available, suggests that more progressive child care facilities exist outside the UK. Here, these services in Continental Europe, and some radical approaches from the United States will be reviewed to enable a comparison with the UK's child care services.

The child care provisions in Continental Europe, as in the UK, are characterised by a strong focus on keeping families together, and rehabilitating children where necessary in their local community. The theoretical orientation underpinning these ideas is Systemic or family therapy, in which a child's symptoms, or 'bad' behaviour, is seen as a manifestation of a disorder not necessarily within the child, but within the family, or social system (Boszormenyi-Nagy and Krasner 1986). This theoretical framework guides the practice, policy and research in the field rather more than in the UK. Furthermore, professionals in the field of child care, or 'social pedagogues' (Ligthart and Wezenberg 1994; Vaaben 1994) are commonly University trained for at least three years. Their expertise is in the theory, practice and policy of educational and developmental child and family care. In the UK social pedagogues do not exist, rather child care workers are usually social workers, who after generic social work training have specialised in child care practice (Kahan, 1989). In addition, the services of other related disciplines, such as child psychology, psychiatry, and paediatrics are not commonly integrated in child care service provisions in the UK, as they are in Continental Europe (Hellinckx and Colton 1993).

Far reaching child welfare legislation has been responsible for recent changes in child care policy and practice in European countries, such as Denmark and the Netherlands. These countries tend to provide a wide ranging spectrum of child care services (Hellinckx and Colton 1993). The levels of interventions vary, from individual, family or couple counselling and financial support, to out of home placement. The emphasis is on keeping families together and providing the necessary supportive, multi-disciplinary framework to achieve this (Gottesman 1994). When children are removed from home, the aim, as in the UK, is to return the child home as soon as possible, while providing specific services to the family in the child's absence. While the child is in a children's home, the family might be in family therapy, while the parents are in marital therapy. In Denmark, the entire family can even be in short-term residential care together (Mogens Lasson 1994). The approach is multi-pronged, holistic and aimed at strengthening the family. The underlying idea in these countries is that the State is there to provide supplementary parenting, rather than fulfilling the parenting role (Kemppainen 1994). This allows parents to hold on to their parenting role, despite the problems they are experiencing, and contributes to the co-operation between parents and the child care agencies to act in the family's best interest. This same ideology is reflected in the Children Act 1989, with its emphasis on 'parental responsibility' and 'working in partnership'.



The Danish child care system recognises the need for out of home placement in residential or foster care as only a last resort measure, and the main aim of their services is prevention (Vaaben 1994). The Danish Child Welfare law introduced in 1993 emphasises the child's and the family's legal rights and incorporates the Principle of Least Interference. That is, the aid provided to a child and its family should be effective, but the least invasive possible. Practically, this means that children are often supported within their homes, with either counselling for both the child and parents, or out-patient psychological care, and even financial aid. The down-side of this approach can mean that many lengthy, yet low key interventions in one family can result in disillusionment or disappointment on the part of family members of what has been achieved with the support of professionals (Vaaben 1994). However, the idea of erring on the careful side appears quite justified in the context of child care, unless of course the child is suspected to come to significant harm in the home. Where such harm is suspected most countries agree that the child should be placed out of the home (Gottesman 1994), at least for a short time, while a treatment plan for the entire family is designed. In Britain, the non-intervention principle of the Children Act 1989 appears similar, but this refers only to court decisions about children. In Denmark, the Principle of Least Interference is in operation long before children reach the courts.

Research carried out in Denmark identified four categories of parents whose children needed the provision of social and mental health services (Mehlbye 1994). The first group consisted of parents who both died and left their children orphaned. Secondly, drug addicted parents and thirdly immature parents needed help with their child rearing. The last group concerned parents who were either divorced or suffering marital problems. Identifying such at-risk groups means that services can be geared more specifically towards problem behaviours with prevention in mind, and that services which at first glance seem disparate (such as child care and addiction services) need to be more cohesive in order to meet the needs of families.

In the Netherlands, recent legislation (the Youth Care Act 1989, Wezenberg 1994), has emphasised the need for both curative and preventative, multi-disciplinary approaches to child and family care. Child care is scaled towards individual needs and many different forms of assistance are available for children, young people and their families. Youth care is divided into primary, secondary and tertiary youth care, which ranges from low key intervention to institutional help (Ligthart and Wezenberg 1994). Primary youth care is provided by youth advice centres, which are low threshold, drop-in facilities. Secondary care is provided by crisis centres, observational institutions and foster homes, while tertiary care is offered by institutions providing intensive treatments. The Dutch are at present integrating the services provided to children and families, by offering all services on a regional level, so that clients do not have to go from one institution to the next, to receive the custom made help they require. This will also



result in more co-operation between the various child care professionals, and ultimately will ensure continuity in care programmes for families and children. Such regional approaches, and the integration of low key services with more invasive provisions, may also reduce parental fears about their children being taken away if they approach the services for assistance. Furthermore, parents might be more confident asking for help at an earlier stage if they can remain anonymous.

Residential child care in the Netherlands as in other European countries, such as Denmark, Sweden and Finland, has also undergone change in recent years, both in terms of its organisation and in terms of its methodology (Gottesman 1994). Children's homes are becoming more small-scale and community based, favouring a substitute family group size. Efforts are made to 'normalise' children's homes and their regimes, so that the children live in the community, preferably in or close to their own community, with a restricted number of residents and group leaders (or 'social pedagogues') and using the resources of the local community (Ligthart and Wezenberg 1994). The second large change is in the methodology of residential child care, where the emphasis has shifted from children's homes trying to compensate for the deficient care experienced in the family, to the homes aiming at activating both the children and the families (Ligthart and Wezenberg 1994). Children are thus seen as members of a social system and it is no longer just the children who require professional input. This new outlook on providing care for both children and their families requires a new attitude from social workers and other care workers. Child care workers are not providing substitute parental care, they are challenging and confronting the child, or adolescent, in their daily lives. Residential carers now attempt to prepare children and young people for the challenges of daily life in a more pro-active way, encouraging and supporting the young people to achieve their goals, strengthening the young people's motivations and capabilities (Ligthart and Wezenberg 1994). Young people get the opportunity to learn from their experiences. The ethos of the children's home thus changes into a far more pro-active learning environment, offering supplementary parenting. Both new strands in children's home management are designed to provide the more permanent and continuous relationships with their own community, and with the helping agencies (Bergh, 1994).

Foster care too has changed over the years. In both the Netherlands and Denmark, foster care is no longer equivalent to a permanent new family for a child, instead new programmes such as respite foster schemes and specialist foster schemes have developed (Mehlbye 1994; Ligthart and Wezenberg 1994). Again, these developments recognise the heterogeneity of the needs of families and children. Living with foster families at times gives rise to more problems for families, as children feel their loyalties torn and parents feel the control of their child slip away towards the foster carers (Mehlbye 1994). Addressing this issue, foster care has become far more

flexible in its provisions. For instance, it is now possible for children and young people in the Netherlands and Denmark to enter foster care for a short period only (even as short as a weekend). It is even possible for children to be in foster care in the week and at home in weekends, or vice versa. In this way parents do not need to feel their children are being taken away from them, and family dynamics are offered a chance for change. This type of respite help could be of great value in the UK too, as long as families and children were well supported outside the foster placement as well.

Preventative measures to keep families together in the Netherlands include new techniques imported from the United States, such as 'Home Building' and 'Family Preservation' (Vanderven 1994; Ligthart and Wezenberg 1994; Henggeler, Cunningham, Pickrel *et al*, 1996). These techniques all stress the strengths and capabilities of families and aim to support families so that out of home placement can be avoided. Newer techniques which might serve to improve families communicating, include video home training. Video home training is used in families with communication problems to film interactions. The film is later reviewed, also in the home, with a social pedagogue or social worker. The emphasis is on providing positive feedback and alternative methods of communicating (Ligthart and Wezenberg 1994). There is however as yet little empirical support for claims that it is a useful tool.

Several authors have observed that interventions within families may be helpful in the short run, but that after-care is required to ensure the on-going dialogue between families and services. In this way, crises may be avoided, and so after-care in itself becomes a preventative measure for re-entry into care.

In summary, Continental European perspectives on child care reveal exciting possibilities and opportunities, mainly aimed at preserving families before problems get out of hand. The range of services provided, from counselling to financial payments, are rather more wide ranging than services currently on offer in the UK. This range appears to reflect the heterogeneity of needs in families. The entire child care infrastructure is geared towards family support, with multi-disciplinary teams of professionals working in regional services, supported by central governments, ensuring on-going support with varying levels of intervention. In addition, Continental European research is firmly rooted in theoretical psychological and sociological positions, such as systemic therapy, and as such offers focused directions not only for practice and policy, but also for academic research. While some of the child care ideas on the Continent have not yet been empirically supported, it does seem to be necessary for child care practice to move forward regardless, as research investigating effects of interventions in a child's or family's life time have a large time gap between execution and evaluation.



#### **1.4.9 Children in care: summary**

In conclusion, children in care in the UK represent a heterogeneous group, who mainly come from deprived families who have suffered considerable stress. Young people ideally return home after two years, but in reality most young people spend their lives in and out of different residential and foster homes. Not many young people enter care (about 60,000 per year), but those who do, appear to be disadvantaged in terms of social relationships, education and employment. Preventing entry into care seems to be the message from policy makers and researchers, but few prevention or respite care schemes are in place in the UK (Aldgate 1993). Other countries in the EC, such as Denmark and the Netherlands, appear to have superior prevention services, and it may be useful for British policy makers to study their regional, decentralised organisations. Offering support to not only the child, but rather to the entire family under stress, as is prevalent in these countries, seems a more fruitful way forward, but this ideology needs to take root more in British social work. The Children Act 1989 appears to provide the appropriate framework for family support, with its emphasis on working in partnership with parents and partnership between agencies (Colton, Drury and Williams, 1995).

Adolescents in the general population will now be described, with whom the young people in care will be compared.

### ***1.5 Relationships of adolescents in the general population***

#### **1.5.1 Introduction**

The popular image of adolescents in Western cultures is still one of wayward, outrageously clothed and antagonistically behaved youths, who argue with their parents, and other adults in positions of authority. However, this 'storm and stress' theory of adolescence has been challenged in recent years. While conflict with parents is currently seen as a normal part of development in all families, it is now believed that such conflict is part of a re-negotiation of family relationships through which the adolescent eventually reaches autonomy and independence (Coleman and Hendry 1990). Besides parents, relationships with peers are regarded as most important for this development of autonomy. In this section, family relationships in adolescence will be covered first, followed by an overview of friendships in adolescence, and other potential support sources.

#### **1.5.2 Family relationships in adolescence**

Erikson (1968) suggested that adolescence was the time in which young people experienced an

identity crisis, typified by adolescent turmoil, as they found themselves between childhood and adulthood. Subsequent empirical research has failed to substantiate this claim (Coleman and Hendry 1990). Instead, most researchers nowadays agree that it is positive rather than detrimental to young people's well being for adolescents to live with their families, even in conflict (Noller and Callan 1991). Adolescents continue to need supportive relationships with parents and siblings and if conflict occurs, then this is part of a re-negotiation process between the adolescent and their parents, helping the adolescent to establish their identity in a safe environment (Noller and Callan, 1991). A turbulent relationship with parents is regarded as better than having no bond at all (Rice 1990). Adolescents develop their autonomy by remaining connected to their parents, rather than by rebelling against their parents. A transformation of the parent-child relationship is needed to keep a balance between connectedness and independence (Honest and Lintern 1990).

Adolescents no longer talk to their parents as children, they discuss more sophisticated matters and appear to get different things out of their relationship with each parent. Relationships with parents change to become more equal and reciprocal or inter-dependent (Honest and Lintern 1990), while parental authority is open to negotiation and discussion. Youniss and Smollar (1985) for instance, found that the majority of adolescent males and females discussed personal problems more with their mothers than with their fathers, with whom matters of rule making and breaking were discussed more. Boys also saw their fathers as 'play mates' in sports and sharing hobbies (Youniss and Smollar 1985). This points to mothers in American culture still taking on the caring, nurturing role for both sexes, while fathers are still seen as the disciplinarians, or sports companions. While these findings are particular to North American white middle class families, the importance of parents and their individual roles are emphasised.

Conflict is also a reality of family life and it has been found that conflicting adolescent-parent relationships do not cancel out the supportiveness of adolescent-parent relationships (Barrera, Chassin and Rogosch 1993). Paradoxically, both conflict and social support are thought to have beneficial influences on young people. It is possible that through conflict some matters are successfully resolved, while worry, concern, and love may also be conveyed. In Youniss and Smollar's (1985) study, conflicts were reported over obedience to parents and low scholastic achievement. Lying and concealing depressed feelings also ranked as sources of conflict between girls and mothers. Again an emotional level is obvious to these exchanges and conflict may therefore not be detrimental. Relationships between adolescents and their parents are complex and cannot be oversimplified (Flannery, Montemayor, Eberly and Torquati 1993). Each adolescent has a unique relationship with parents, but those whose relationships have changed over time due to separation and entry into care present a more unusual uniqueness.



Conflict with parents may be normal in families, but conflict with residential or foster carers may not be so easy to negotiate, especially as the affiliative relationship may be new, fragile or poor. Conflict in placements is commonplace (Berridge and Cleaver, 1987) and some young people cope with this by running away or by asking for a new placement. Placement changes are also related to school changes (Berridge and Cleaver 1987) indicating that changes occur in several domains of life at once, which makes building up relationships with new carers even harder. Children in new foster families often present challenging behaviour and emotional problems, such as lack of concentration, stealing, temper tantrums, and extreme attention seeking (Rushton 1989). In this way relationships with carers are tested and unsurprisingly often do not attain an emotional depth (Rushton 1989). Conflict thus forms a direct threat to this relationship. In addition, some young people have experienced extreme conflict or violence in the home which may be re-enacted in a new substitute home or family (Rushton 1989). Acquiring emotional support may thus be of particular difficulty to young people growing up in care, since the prerequisite attachment may not have been established. If parents cannot provide support, and substitute carers cannot be trusted, who remains for young people in care to turn to? Possibly friends play a greater role in these young people's lives, which will be discussed below.

### **1.5.3 Friendship in adolescence**

Friendships are important in adolescence, as both relationships with peers and parents are important to establish a positive self concept (Archer and Waterman 1994). Friends are important providers of support, advice and feedback to young people (Coleman and Hendry 1990; Noller and Callan 1991). Peers serve as models for behaviour and are a source of comparative information on social skills (Archer and Waterman 1994). Peers thus influence the development of social relationships by providing opportunities to test and try out various social behaviours, feelings and problems. Friendships also help adolescents to develop separately from their parents, providing close ties of a different kind (Archer and Waterman 1994). Friends and parents complement each other in adolescents' lives. These separate arenas of social support offer adolescents a choice of whom to turn to, for different types of problems (Jackson and Bosma 1992). The adolescent individuation process then is not an inner struggle, but a development aided by peers (Coleman and Hendry 1990). Youniss and Smollar (1985) found that certain general principles underpin friendship between adolescents: mutual caring, mutual respect, mutual trust and symmetrical reciprocity, or give and take. These friendship rules show that friends expect intimate, respectful, trusting and sharing relationships with each other. These rules are akin to friendship rules in adulthood, when friends act as sources of social support by sharing activities, talking and enjoying each other's company (Argyle 1992).

Adolescent females and males differ in their friendship patterns (Hartup 1992; Archer 1992; Feiring and Lewis 1989), with girls tending to restrict themselves to a few close friends, with whom they generally socialise in the home, talking about matters that concern them (also called girls' bedroom culture) (Banks, Bates, Breakwell, Bynner, Emler, Jamieson and Roberts 1992). Boys on the other hand, mix more in groups or gangs, outside of the home, and value shared activities more than chatting about problems (Kon 1981).

For adolescents in the general population, friends can be found at school, at work, or in clubs. Young people growing up in care however have fewer social arenas in which they can make friends, since many quit school at 16, or earlier, and many are unemployed or in unstable jobs. Young people may make friends in residential and foster homes, but those do not typically last after leaving care (Stein and Carey 1986). Friendship with peers and relationships with parents complement each other in the case of young people in families. Young people in care on the other hand, will have at best a superficial, and at worst a destructive or non-existent relationship with parents, so it is possible that this hinders the potential of friendships with peers. Do young people in care have fewer chances and abilities to develop friendship due to their family relationships, or do young people develop more friendships since their families are not available to them? As yet no research is available examining the friendships of young people in care, and how they are influenced by parent-child relationships. In this thesis, the different contents of friendship support will be addressed, not only in sample of young people in care, but also of young people in the general population.

#### **1.5.4 Boyfriends and girlfriends**

Part of adolescent life is sexual awakening and maturing, and many papers are devoted to young people's dating behaviour (Coleman and Hendry 1990). Adolescent same sex peer groups are instrumental in grooming young people for dating, or going out as a romantic couple. The literature focuses on sexual relationships and sexual exploration during adolescence, but little is known about the quality of these relationships. What do sexual or romantic partners mean to each other in adolescence? Since there is evidence to suggest that few adolescents are promiscuous (Coleman and Hendry 1990), the relationships built up with partners may be of great importance. Banks *et al* (1992) found in their large sociological study of British young people's leisure time, that boyfriends and girlfriends were important in young people's lives, with young women stating that they saw less of their same-sex friends when they had a boyfriend. This was not necessarily the case for young men, indicating that romantic relationships co-exist with friendships in different ways for men and women.

No research to date has clarified what type of support is provided by friends, compared to



support provided by partners in late adolescence. In adulthood, partners become the most important source of emotional and practical support (Carstensen 1992), but it is unclear what happens in late adolescence. For young people in care partners may be of more importance than to young people in the general population, since young people in care do not have parents to turn to. It might be the case, as with friends, that young people in the general population use partners in a complementary fashion to other sources of support, while young people in care do not have this choice.

### **1.5.5 Summary**

Contrary to popular belief, adolescents do need their parents as supporters, and while conflict may be part of their interactions, even this conflict is thought to have a beneficial effect on the adolescent's development (Barrera, Chassin and Rogosch 1993). Young people in the general population then differ significantly from those in care in day to day experiences of care and support. In addition, there is a great difference in continuity of relationships between the two groups, with those in care experiencing multiple placements and carers, compared to relative stability in 'normal' adolescents' lives. The literature on adolescents' social development indicates that families and friends are the most important sources of support. This means that those growing up in care, who do not have access to families, are missing a vital support source already. It might be that young people substitute their sources of support with new carers, although it has been pointed out that these relationships do not always develop the same depth and importance as a parent-child attachment (Rushton 1989), suggesting that there may well be a support gap for young people in care. The disrupted experience of parental, or substitute carer, care is hypothesised to have a marked effect on the use of parents as sources of support for young people in care. Furthermore, it may be that because of these disrupted first relationships, other relationships too are difficult to maintain for young people with care experiences. In addition, little is known about the role of romantic partners in fulfilling young people's support needs. The hypotheses concerning young people's support providers addressed in this thesis are the following:

1. Compared to young people in a general sample of young people, young people with care experiences will rely less on parents, and more on other sources of social support, for both practical and emotional support.
2. A gap of support providers will become apparent in a sample of young people with care experiences, as the role of parental support is not assumed by other sources of social support.
3. Compared to young people in a general sample of young people, young people with care experiences will report friends less often as support providers.
4. Compared to young people in a general sample of young people, young people with care experiences will have fewer social contacts.

5. In line with previous work carried out on the educational and employment situation of young people in care, it is expected that young people with care experiences will have lower levels of education, and fewer opportunities for employment as compared to a general sample of young people.
6. It is anticipated that the two groups of young people will be distinguishable on the basis of their reported support sources.

In the next section social support will be addressed in detail, emphasising its meaning and measurement.

## **1.6 Social support**

### **1.6.1 Introduction**

In this section a review of the research on social support will be presented, highlighting problems of definition and measurement. It will be argued that social support definitions have been unclear, circular and nebulous and that novel ways of taking social support research forward are required. Links with attachment theory will be stressed to investigate the development of relationships over the life span. There has been a call for more specifically tailored research to identify the support needs of specific populations and samples (Vaux 1985), using specific subcategories of emotional and practical support (Wilcox and Vernberg 1985). The subdivisions of social support used in this thesis are derived from work carried out by Wilcox and Vernberg (1985), who investigated what people felt were important aspects of social support. The figure below (Figure 1.4) shows the subcategories of emotional support identified by Wilcox and Vernberg (1985).

Figure 1.4: Subcategories of emotional support as defined by Wilcox and Vernberg (1985)

Emotional Support:	Trust Reassurance Love Empathy Caring
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In this thesis the Wilcox and Vernberg model will be used to compare the sources of social support of young people in care and their non-care counterparts. Below, definitions of social support will be reviewed, together with the main theories of social support in existence, particularly the main and buffering models of social support. After that, various methods of measurement of social support will be addressed, and these will be related to young people in care to investigate their usefulness for this study. At the end of this chapter, the hypotheses



formulated for this study will be listed.

### **1.6.2 What is social support?**

The concept of social support has its origins in the 1960s when researchers in the USA examined effects of formal and informal helping resources. When post-hospitalisation programmes for the mentally ill were introduced, it was found that an important ingredient in their success was the help of lay volunteers. Lay people were providing day to day support for the ex-patients and this type of support was considered invaluable (Gottlieb 1983). Cobb (1976) hypothesised that social support from informal sources could moderate stress. Caplan (as cited in Killilea, 1976) also stated that attachments between people helped individuals to deal with both long term and short term problems by fostering emotional mastery, offering guidance and providing evaluative feedback. This stress buffering quality of social support will be discussed in detail further on (see section 1.6.4).

The first inroads into researching social support were largely a-theoretical (Buunk and Hoorens 1992). Large health related research studies showed the benefit of large support networks (Cramer 1991; Marcelissen, Winnubst, Buunk and de Wolff, 1988), while smaller scale studies indicated the complex nature of social support provision and demand (e.g. Dakoff and Taylor 1990). The main problem with this research abundance is that social support has been defined and operationalised in various ways (Barrera 1986) and that various instruments have been used (Vaux 1985), which often lack good psychometric properties (Bowling 1991). In this thesis, social support will be viewed in the context of stress and coping research, and the definition of support put forward by Wilcox and Vernberg (1985) will be used, which is based on empirically derived subcategories of social support. The next section will address various definitions of social support.

### **1.6.3 Definitions of social support**

As mentioned above, many definitions of social support have co-existed in the research literature, even though Cohen and Wills (1985) aimed at integrating social support definitions in their review paper. In their estimation, social support should be viewed as comprising *emotional (or esteem) support, informational support, social companionships (or belongingness) and instrumental support (or aid, material support, tangible support)*. These categories are distinct from those put forward by Barrera (1986) and House, Umberson and Landis (1988), who stressed the structural aspect of networks such as social embeddedness and social integration. While social integration can be seen to be part of the social support experience, it does not indicate what type of supportive exchanges occur. Other authors have suggested that perceived and enacted support are both important as well: support intentions

need to be converted into supportive behaviours (enacted support, Barrera 1986; supportive behaviours, Vaux 1985) and these behaviours need to be interpreted as supportive by a recipient (perceived support, Barrera 1986; subjective appraisal, Vaux 1985). The support given should match the support needed (Vaux 1985; Hobfoll 1989; Hobfoll and Stokes 1988). Hobfoll (1989) suggested that people are interested in maximising their personal resources, while minimising their losses. Personal resources include financial, practical and emotional resources, as well as social support. However, social support can only be effective, according to Hobfoll, if the social interaction itself is positive and if the interaction does not add to the stressful experience. Support is thus an interactive process, mediated by communication strategies.

Social support is only provided by certain people in certain contexts, since it must be felt to be appropriate to the recipient (Lehman, Ellard and Wortman 1986). The type of stress, how it affects the person and the support provider's relevance all influence the appropriateness of social support provision (Cohen 1992). For example, when Wellman, Mosher, Rottenberg and Espinosa (1987) studied the relationships between support types and support providers in a Canadian adult sample (N=29) using social network analysis, they found that different types of relationships were associated with different types of support. Wellman *et al* (1987) distinguished four types of social support: companionship, emotional aid, services and financial aid. They found that most types of support (except for companionship) were associated with the parent / child relationship, while other relationships were a little more differentiated in their support provisions. Women, rather than men were more common providers of emotional aid, while men, rather than women were more likely to offer financial support. Most people with whom people had companionship ties, were friends, rather than kin. It was common for mothers and children, particularly daughters, to exchange emotional support, even if their relationship was otherwise not very intimate. Financial support, by contrast was more of a male domain, with more men than women providing financial support. These findings are in line with standard gender stereotypes: women care, men pay. This type of research clearly shows who is helpful for what, and it is quite likely that not all adult samples are alike in this respect. Specific questions, relating to specific stressors and specific people are expected to provide more in-depth research findings (Barrera 1986; Leatham and Duck 1990), which may have restricted generalisability across samples, but which will on the other hand contribute more to the understanding of social support processes in specific samples (Dunkel-Schetter, Folkman and Lazarus 1987; Vaux 1985). This aspect of specific support sources and specific problem areas is also of crucial importance to young people, as little is as yet known about whom young people turn to for which type of problem. It would be interesting to uncover in which instances young people rely most on their parents, and when peers are deemed more important. In addition, the role of romantic partners in providing support to adolescent is as yet uncharted territory. If little is known about adolescence in the general population regarding support networks, even less



literature is available on young people with care experiences and their social networks. This thesis will address all these questions.

Other researchers have focused less on the constituents of social support and more on its process. Weiss (1974, cited in Cutrona 1986) held that relationships with other provide many social functions. Relationships provide attachments, or a sense of emotional closeness or security, as well as social integration or a sense of belonging. Relationships with others also reassure individuals of their worth, and provide an assurance that people can be counted on to help when needed. Guidance (information, advice) is also gleaned from other people. Finally, if people have children then this relationship provides an opportunity to nurture. Attachments can thus be seen to be integral parts of social relationships and the social support debate. Sarason, Pierce and Sarason (1990) also stressed the childhood attachment experience and proposed that social support is a personality characteristic. Sarason *et al* (1990) argued that this experience of childhood attachment leads to perceived social support in adulthood, that is people who felt loved and cared for as children, will be more likely in adulthood to interpret other people's behaviour as supportive. In addition, this perception of support results in a sense of acceptance, which is characterised by personal efficacy, good interpersonal skills, low levels of anxiety, a positive self-image, positive expectations of interactions with others and a good perception of other people's adjustment. Positive attachment experiences thus contribute to an adult's sense of being supported, as well as an adult's skills which help to gain support (i.e. positive and pleasant interpersonal behaviour). This importance placed on early experiences and an acknowledgement that social support may be a part of personality development is an interesting model, which still has many questions. It is not yet clear exactly how the attachment experience leads to positive behaviour and expectations in adults, and whether this adult sense of acceptance can be altered as a result of adolescence or adulthood experiences. However, the importance of the work of Sarason *et al* (1990) is reflected in this thesis, as social support during adolescence and adulthood is regarded as a consequence of parent-child attachments in early childhood. Young people with care experiences have disrupted and discontinuous experiences of parents and other primary carers. The experience of out of home care is thus expected to contribute to the adolescent's social network development, and particularly in the development of smaller social networks compared to young people in the general population.

In this thesis, Wilcox and Vernberg's paper will be used as the departure point for definitions and theory. Wilcox and Vernberg (1985) argued that social support is behaviour which helps people cope with their difficulties, but which also helps people develop new competencies to be able to deal with problems in the future. However, stressors vary in the way in which they put pressure on an individual, and different types of social support are able to moderate the stress experienced in different ways. Social support is thus expected to operate in a stressor-specific

fashion. Wilcox and Vernberg also emphasised the perspective of the support recipient and they suggested, on the basis of available research, that people find communications of trust, reassurance, empathy and caring helpful in coping with stressful situations. Wilcox and Vernberg (1985) argued that the only possible way of examining social support is by asking people the effect of interventions, since intended supportive behaviour can be interpreted as non-supportive. For instance, earlier on it was noted that while social workers wish to provide young people leaving care with emotional support, the young people themselves would prefer help in sorting out accommodation. The offer of counselling may be seen as a supportive act by the social workers, but would not be seen as supportive by the young people.

The stressor specific perspective will be adopted here to describe young people's sources of social support and to highlight the differences in social support as a coping mechanism between in-care and non-care groups. Wilcox and Vernberg's (1985) theorising on social support largely confirms and brings together other contributions to social support research, suggesting it is a culmination of theorising. In addition, the subcategories of emotional support as put forward by Wilcox and Vernberg are the most comprehensive and exhaustive descriptors of emotional support available in the literature. Furthermore, the categories were nominated by a sample of adults in the general population as those behaviours which conveyed emotional support. These categories then will be employed in the development of the Sources of Social Support Questionnaire for Adolescents, the method used to identify young people's sources of social support in specific stressful situations.

The definitions of social support adopted here, are:

**Conceptual definition:**

**Social support is behaviour that helps the person cope with difficulties and develop new competencies. Social support is thus one of many coping strategies available to individuals.**

**Operational definition:**

Using categories of support identified by House (1981), Wilcox and Vernberg (1985) and Sarason, Pierce and Sarason (1990), social support is defined as *emotional support* (as expressed in *liking, love, trust, reassurance, acceptance, empathy*) and *practical support* (as expressed in *instrumental and informational support*).

Now that the definition and subcategories of social support used in this thesis have been presented, the next section will deal with the buffering and main hypothesis of social support, after which various methods of measurement employed in previous research will be addressed. Lastly, these measures will be considered for use with young people in care.



#### **1.6.4 The buffering and main effects of social support**

The buffering model of social support is embedded in cognitive stress theory, which focuses on critical life events and people's adjustment to these. The intensity of a stressor is dictated by the perceived demands of the situation: if these tax or exceed a person's coping resources, then the stressor is felt very intensely (Lazarus and Folkman, 1984). Failure to cope with a stressor can lead to negative consequences, such as learned helplessness and depression (Seligman 1975), even illness (Cohen 1985). The buffering hypothesis of social support was put forward first by Cobb (1976) and suggests that high levels of social support can buffer or protect a person against the negative impact of stress on health. The 'Main effect' model (Cohen and Wills 1985), or 'Direct effect' model (Stroebe and Stroebe 1995) of social support, on the other hand, states that people feel better when they feel connected to others; that is, feeling supported is beneficial to people whether or not they are under stress (Cohen and Wills 1985; Wills 1985). People with large networks experience regular positive experiences and have stable, socially rewarding roles in the community. People with larger networks may feel more cared for and liked and may have a more positive outlook on life in general. Both the buffering and main effect hypotheses have been extensively tested and critiqued, but it is only in more recent years that appropriate research designs have been devised to settle the buffering versus main effect hypotheses.

The buffering effect has been postulated to work in two ways (Cohen and Wills 1985). The first model holds that support can intervene between the stressful event and a stress reaction by extending or preventing a stress appraisal response. Support then directly influences a person's cognitive appraisal of an event and of themselves. Secondly, support may come between the experience of stress and the start of the pathological response by cancelling the stress reaction or by directly influencing physiological processes (Cohen and Wills 1985). Stroebe, Stroebe, Abakoumkin and Schut (1996) suggest a third mechanism: social support may also influence a person's stress reaction by aiding recovery. Cohen and Wills (1985) undertook a thorough review of the social support literature in order to settle the main effect versus buffering effect theory, and found that main effects of social support were found when structural measuring methods of social support were used (e.g. social network analysis), while buffering effects were evident when functional measures of social support were employed (i.e. measures assessing who provides support). This suggests a theoretical link between the buffering hypothesis and the availability of specific helping resources. In addition, Cohen and Wills argued that specific statistical procedures are required to ascertain the existence of either the buffering or main effect, stressing the importance of multiple regression, which identifies not only main effects but also interaction effects of variables. They argued that previous work has relied heavily on inappropriate statistics, which makes the research findings weak. Recent research involved both

the statistical procedures required, and focuses narrowly on stressful life events, or on specific types of social support.

Rook (1987)'s work on the buffering hypothesis focused on the provision of companionship, in relation to life stress, social support, and loneliness. Rook argued that while people have an intrinsic need for social relationships or attachments for the aid and security these provide (Bowlby, 1969), relationships are also sought because they provide pleasurable companionship and intimacy. This need for companionship is just as strong as a need for social support. Rook defined companionship as: '*shared leisure and other activities that are undertaken primarily for the intrinsic goal of enjoyment.*' (Rook 1987, p1133). This is contrasted with social support, which refers to '*interpersonal transactions in which problem focused aid is exchanged*'. (Rook 1987, p1133). Companionship then provides positive exchanges which heighten a person's level of contentment, while social support is useful when people are faced with threats to well-being, in order to help adapt to these stressors. Companionship has the potential to protect people from emptiness, despair and loneliness. Rook used survey data of 1,050 Californians to determine the relationships between minor and major life stresses, social support and companionship using hierarchical multiple regression analysis. For major life stressors, she found that companionship provided a buffer for those with high levels of stress. With regard to minor life stressors, companionship was found to have a beneficial main effect as well as a buffering effect on distress. Social support was found to have neither a main, nor a buffer effect for minor stresses. Access to social support, she argued, is most useful for those faced with multiple major life stresses. Companionship on the other hand, appears to be beneficial to anyone, whether suffering minor or major stress, enhancing well-being, and even providing a better buffer against stress than social support for those faced with many minor life stresses.

If companionship can have such an influence on well-being it is important also to establish who provides companionship. According to Rook (1987), friends do. Friends behaviourally show positive regard for each other by sharing time and leisure activities together. This may be more self-esteem bolstering than expressions of social support, in that companionship does not presuppose any obligation for reciprocation, which a supportive relationship with a helper might (Rook 1987). Rook (1987) found that companionship was strongly associated with friendship satisfaction, more so than either emotional or instrumental support. Satisfaction with family relations was related to practical support, rather than emotional support, suggesting that kin offer more practical support while friends offer more companionship. Wellman *et al* (1987) found that ties with companions tended to be multiplex, that is people met in a variety of different places, rather than in one prescribed place. Telephone contact was also related to companionship, but face to face contact was not: people who talked at least twice a week on the telephone were more likely to be companions. This again echoes Rook's work, that contact



between companions is voluntary, rather than obligatory, and entered into for its own sake.

A different approach to studying the buffering hypothesis was taken by Stroebe *et al* (1996). They argued that in order for stress and social support to be adequately researched, there is a need to consider narrow conceptualisations of stress. They reasoned that since the death of a spouse is the number one stressful life event as described by the Holmes and Rahe (1966) rating scale, their study into bereavement in Germany would give more insight into stress reactions and the role of social support. Stroebe *et al* (1996) argued that a person's spouse takes the role of the main attachment figure, as described in attachment theory (Bowlby, 1969). Bereavement, in this framework, would lead to emotional loneliness (a sense of utter aloneness, despite an available supportive network), rather than social loneliness (a lack of social ties). Stroebe *et al* (1996) found that those suffering bereavement consistently had higher distress levels than married couples, but they found no evidence for a buffering effect, which is consistent with attachment theory. Had other social relationships buffered against the stress of bereavement, then the original spousal relationship would be replaceable with other relationships. The bond with a spouse could not be substituted by other relationships, however supportive. This mixture of stress and attachment models is an exciting way forward for social support research, enabling more precise research questions to be formulated, and allowing various models of social support to be tested in detail.

Social support thus can be seen to buffer against major stressful events, while companionship may provide a better buffer for minor events. Buffer and main models have been studied mainly in relation to health outcomes, however, in this study social support responses will be considered as outcomes themselves. While health measures, such as depression or general health scales have often been used an indicator for health and adaptation, this approach was not chosen here, as too many confounding variables linked to being in care were expected to produce unclear results. Young people with care experiences are more likely than their non-care counterparts to have experienced traumatic home lives, and subsequent out of home experiences, which independent of their support sources, would have influenced their well being negatively.

### **1.6.5 Developmental aspect of social support**

Above, the work of Stroebe *et al* (1995) was mentioned to indicate the links between social and developmental psychology inherent in the study of people's relationships over the life span. While the stress and coping literature contributes the framework for understanding what social support does for individuals, developmental social psychology can explain how relationships of the past contribute to the development of relationships of the future (Durkin 1995). The link between early infant relationships and social support later on in life has been demonstrated by

various researchers (Kobak and Sceery, 1988; Sarason *et al* 1990). Sarason *et al* (1990) found in their study on undergraduate students that the attachment experience in childhood led to perceived social support in adulthood and a sense of acceptance. While not so explicit, the theoretical framework of Wilcox and Vernberg (1985) adopted in this thesis also takes on the developmental aspect of social support, as it states that social support helps people develop new competencies which make coping with future stressors easier. The developmental aspect of social support can thus be seen to function various ways:

1. Social relationships develop over the life-span, and lessons learnt from childhood are carried over into adulthood (e.g. whom to trust, whom not to);
2. The ability to deal with life events develops, in tandem with intellectual, social, emotional and physical development, so that coping with a future, similar, problem becomes easier over time (White 1985).

#### 1.6.6 Measuring social support

Since there is a lot of disagreement on what constitutes social support, there is also a lot of disagreement on how it should be measured. Sarason *et al* (1990) illustrated this tangle between theory and measurement, when they argued that perceived social support can be summarised as acceptance, since this appears to underlie all social support measures. Barrera (1986) on the other hand posited that the divergence in social support measurements and findings indicated that the measures were all measuring different aspects of social support. To complicate matters, Thoits (1986) argued that high correlations found between health indices and social support measures indicated a confounding between the variables. That is, a healthy individual may be more likely to express satisfaction with and more sources of support than the same individual when ill. The measurement of social support is thus an area of wide spread debate. Various existing methods of measurement will be compared and contrasted here.

Roughly speaking two measurement strategies exist (Cohen and Wills 1985; Orford 1992): the *structural* and *functional* method. The structural approach (social network analysis) has its roots in sociological research and asks people with how many kin and non-kin they are in contact, and examines how dense and multiplex people's networks are (Heller and Swindle 1983). Density refers to the relatedness of the members of networks with each other. A multiplex network is one in which two or more different kinds of behaviours or activities important to the individual are carried out by the same person. For this method it is not sufficient to investigate one person's social ties, but it is necessary to contact all those identified in a person's network to ascertain levels of multiplexity and density. It is thus an approach that would appeal to those researching communities and groups, rather than individuals. The structural approach focuses on the building blocks of support without examining how exactly



support is gained from these networks.

The functional method, by contrast, examines the quality of relationships and the support provided by these relationships. Ideally social support measures should incorporate both a structural and a functional scale (Wilcox and Vernberg 1985), so that information is available on the scope of the relationships as well as on the supportiveness of relationships (Sarason *et al* 1993). In Table 1.3 a few questionnaires include both structural and functional aspects of social support, such as Norbeck's (1984) NSSQ and Pagel, Erdly and Becker's (1987) measure. The NSSQ is an 11 item Likert scale, self-report questionnaire, which consists of 6 items measuring affect, affirmation and aid, and 5 items concentrating on the number of people in each person's network, the duration of relationships, frequency of contact and changes in support network. Various support categories are listed for the subjects: spouse / partner, family members, friends, work or school contacts, neighbours, health care providers, counsellor/therapist, minister/priest/rabbi, and an 'other' category. This NSSQ was found to have high levels of internal consistency (0.97, 0.96 and 0.89 for the affect, affirmation and aid scales respectively), with high correlations between items. These psychometric properties were based on American samples of N=75 students, and employed adults (N=136). The items on the questionnaire were thus based on literate, and well educated American samples, with an underlying premise that parental support is provided. Pagel *et al*'s (1987) measure was constructed for use with people caring for Alzheimer's patients, who tend to be at least middle aged, if not elderly. This measure addressed 5 social support provisions: cognitive guidance, self-disclosure, socialising, emotional support and tangible assistance. The associated network list asked whether network members were helpful or upsetting, for each of the five mentioned domains, which was rated on a 6 point scale. In addition, daily contact with the people on the network lists was logged. The psychometric tests on this scale suggested that there was a good correlation between actual logged contact with network members and estimated frequency of contact, and that on follow up 91% of the network members had remained constant. This scale was specific to carers for Alzheimer's patients, in that aspects of the illness were included in the questions, again suggesting that this measure is of good use in such populations, but not in others. Attempts to combine structural and functional scales have also been made by Cutrona (1986) and Sarason, Levine, Basham and Sarason (1983), but the emphasis of all the scales reported is on functional content. Cutrona's (1986) Social provisions Scale and Social Network Questionnaire, while having good psychometric properties (internal consistency from 0.85 to 0.92; alpha's from 0.64 to 0.76), was based on two well educated samples of elderly people (N=50) and young mothers (N=71). Other general scales of social support, even if they had good psychometric properties, were too long and relied too heavily on pen and paper to be of use with young people in care (such as the Social Support Questionnaire by Sarason *et al* 1983) while scales specifically designed for younger adults focused too narrowly on parental support. For instance, the Family

Relationship Index developed by Moos and Moos (1981) is a popular scale used in family research, and its items are geared towards cohesion, expressiveness and conflict, within the family. For young people in care such a scale is not relevant or useful. None of these scales were thus specially developed for the target group of interest in this thesis, and none of the scales were developed for young people in general.

Cramer (1991) has argued that the quantity of support appears to be less valued by support recipients than the quality of support, justifying the increased use of functional measures rather than structural ones. In this thesis also a functional method will be developed. Purely structural methods such as network analysis would be impossible to use with young people in care, since many are out of touch with families and friends and building up a picture of other network member's social ties to determine multiplexity and density would be impossible. For instance, the Significant Other Scale which was devised in the UK by Power, Champion and Aris (1988), which asks a subject to rate individual network members' importance, while other scales require the recording of every daily interaction with network members, be it face to face meetings or telephone contact (Rochester Interaction Scale or RIR, Wheeler and Nezelek 1977; or Daily Interaction Rating Form, Hirsch 1980). Social network methods such as those described above require accuracy, motivation, and high levels of verbal, social and literacy skills and are therefore not useful for children and adolescent care leavers. Small samples can suffice, as the aim is to elucidate the ties between network members, so that for instance in Wellman *et al* (1987)'s study of 29 adults, in fact 356 network ties were examined. The interviews lasted 10 to 15 hours. Clearly, this is a labour intensive method, which provides minute detail of interpersonal interactions. This was not considered appropriate for young people, and especially not young people with care experiences, as daily logging requires great care and attention. Young people with care experiences were not expected to look favourably on such a research project.

While many social support instruments exist, questions have been asked about their psychometric properties (Thoits 1986; Tardy 1985; Cohen and Wills 1985; Barrera 1986; Bowling 1991; Vaux 1992). Table 1.3 shows the details of measures, together with their psychometric properties. Some scales have been developed without providing details of psychometric reliability (e.g. Hirsch 1980; Tracy and Whittaker 1990). While internal consistency scores appear to be high in general (e.g. Cutrona 1986; Weinert 1984), with some exceptions (e.g. ASSIS, Barrera 1981), the correlations between different social support measures are low (Weinert 1984; Norbeck 1984), indicating that measures form cohesive wholes with little bearing on other measures of social support.



Table 1.3: Table comparing social support measures and their psychometric properties

Author	Sample	Social Support Measure	Psychometric properties
Sarason Levine, Basham, Sarason (1983)	US college graduates	<b>Social Support Questionnaire</b> ; 27 items; list people to turn to, and satisfaction (self report). E.g.: (p129): 1. Whom can you really count on to listen to you when you need to talk? 2. Whom could you really count on to help you out in a crisis situation even though they would have to go out of their way to do so?	stable over 4 week period and high internal consistency among items
Power Champion Ar is (1988)	UK women OU students	<b>Significant Other Scale</b> ; 10 items (self report): emotional support 1. trust 2.lean on in times of difficulty 3. Get reassurance 4. physical comfort 5. Resolve disagreements. practical support 6. Financial and practical help 7. advice 8. visit 9. Emergency help 10. share interests	high item intercorrelations 6 month test-retest reliability ( $r=0.646$ )
Cutrona (1986)	2 US samples: N=50, M age 70 (60-88); N=71 mothers of 1 year olds, M age 26 (18-35)	<b>Social Provisions Scale</b> ; 24 items based on Weiss (1974) categories (self report): 1. attachment 2. social integration 3. reassurance of worth 4. Reliable alliance 5. guidance 6. opportunity for nurturance <b>Social Network Questionnaire</b> Number of kin, non-kin, and frequency of kin, non-kin contact with social supporters	internal consistency: from .85 to .92 alpha coefficients for individual subscales: from .64 to .76 factor analysis confirms six provisions validity good
Pagel, Erdly, Becker (1987)	N=68, follow up N=38 subjects caring for spouse with Alzheimer's disease, in USA.	5 social support provisions: 1. cognitive guidance 2.self-disclosure 3. socialising 4. emotional support 5. Tangible assistance <b>Social network list</b> : is network member a. helpful? b. upsetting? In each support provision, rate on 6 point scale. Daily log contact with person on network list.	Correlation $r = .62$ ( $p < .001$ ) for actual logged contact frequency and estimated frequency of contact follow up interview: 91% of those on contact list were carried over
C Weinert (1984)	US N=149 families; age 30-50; partner with MS; N=120, M age 68; N=77 low income mothers, M age 28; N=94 couples	<b>Personal Resource Questionnaire (PRQ)</b> Part 1: life situations, personal resources, whether or not experienced the situation in last 6 months Part 2: 25 item Likert scale: perceived level of social support: 1. attachment 2. social integration 3. opportunity for nurturant behaviour 4. reassurance of worth 5. Availability of informational, emotional, material help. Self report.	Face validity from students and adults in general population. Predictive validity: 0.21 to 0.44. Intercorrelations on subscales .58 to .62, for intimacy, social integration, worth and assistance/guidance. Internal consistency 0.77 to 0.89.
Norbeck JS (1984)	USA: N=136 employed adults (males and females).	<b>Norbeck Social Support Questionnaire (NSSQ)</b> 11 item scale, self report. Affect (2 items, 5 point Likert scale) Affirmation (2 items, 5 point scale) Aid (2 items, 5 point scale) Number in network; duration of relationships; frequency of contact; changes in support network. Network categories: spouse/partner; family members; friends; work or school contacts; neighbours; health care providers; counsellor/therapist; minister, priest, rabbi, other.	Internal consistency: 0.97; 0.96; 0.89. Affect and affirmation 0.95 to .98. Aid and affect or affirm 0.72 to 0.78. Test-retest reliability 1 week: 0.85 to 0.92; 7 month 0.58 to .78. Concurrent validity with Social support questionnaire (Cohen and Lazarus): 0.33; 0.51; 0.56; 0.44. Correlation with most network scales: 0.17-0.23; Construct validity: 0.18-0.27.
Barling, MacEwen and Pratt (1988)	N=232 students; Canada; M age 22.5, 74% females	Vignettes based on student under stress. Self report. Sources: family, friends, boy/girlfriend. Type: House's (1981) categorisation.	Nine 'expert' judges rated vignettes, classifying type and source of support, reaching 98% agreement.
M Barrera (1981)	86 pregnant adolescents	<b>ASSIS</b> : 33 items. Six types of support: material aid; physical assistance; intimate interaction; guidance; feedback; social participation.	Construct validity: .25 to .38. Test-retest reliability over 3 days total network size= 0.88; over 1 month 0.70. Internal consistency: 0.33 and 0.52.

For instance, the ASSIS, which is much used in social psychological research, has internal

consistency coefficients of only 0.33 and 0.52 (Barrera, 1986). It is possible that the psychometric results of the ASSIS were influenced by the choice of population: pregnant adolescents. The question arises whether social support scales can be seen as universally valid measures, or rather as population specific. If scales are not regarded as universally valid, then it is no surprise that small correlations are found between different scales, within the same sample. Other efforts at clarifying psychometric properties have been documented by Norbeck (1984), whose NSSQ was described earlier as having good internal consistency. She compared the Norbeck Social Support Questionnaire with Cohen and Lazarus's Social Support Questionnaire, and found low concurrent validity coefficients (correlations) of .33, .51, .56 and .44. This low concurrent validity, she argued, may be due to the different styles of tangible support items used in both instruments. Those in the NSSQ were based on both long-term, ongoing tangible support and immediate, short term tangible support, rather than on immediate support (as in the SSQ). These findings support Wilcox and Vernberg's (1985) and Vaux (1985) contention that social support measures ought to be specifically tailored to particular populations. While specific measures cut down on the generalisability of findings, they increase the understanding of particular populations' needs. For instance, it is likely that pregnant adolescents differ in support needs from long-term unemployed men. The specificity of measures is thus expected to further the knowledge of specific populations, even if support scales can no longer be reasonably compared to each other on the basis of one sample.

Empirical work has not only been shaped by theory, it has also contributed to the definition and theory of social support. For instance, after years of research constructing, testing and using their Social Support Questionnaire Sarason *et al* (1990) concluded that they may not have been measuring social support after all, but acceptance, since subjects reported that they felt loved, valued and unconditionally accepted. Sarason *et al* then changed their conceptualisation of social support. The SSQ (Sarason *et al* 1983) is a twenty seven item questionnaire and the subject is asked for each item to whom they can turn and how satisfied they are with these social supports. The SSQ was developed using college students as subjects and the measure was found to have a high stability over four weeks of time, and a high internal consistency among the items. The following items are included in the SSQ: *'Whom can you really count on to listen to you when you need to talk?'* and *'Whom could you really count on to help you out in a crisis situation even though they would have to go out of their way to do so?'* (Sarason *et al* 1983, p129). Sarason, Shearin, Pierce and Sarason (1987) compared their measure to other measures of social support such as the ISSB (Barrera 1981), using samples of American undergraduate students. They found that the measures of received support and social networks were not strongly related to measures of perceived support, providing evidence that the structural and functional methods are different. They also found that interview and semi-structured interview formats of social support measures yielded similar findings, suggesting that the content of the



questions is more important than the presentation. Measures of perceived available support were found to converge in measuring the extent to which individuals are accepted, loved and involved in relationships with open communication. It becomes clear that Sarason *et al* 's (1993) conceptualisation of social support has been influenced by their measurement strategy. The 'Define - Measure - Define' circle is thus used to arrive at conceptualisations of social support.

Vignettes were developed by Barling, MacEwen and Pratt (1988) for students under stress, incorporating features of stressful life for students. Social support was conceptualised according to House's (1981) taxonomy. This scale was found to have high inter-rater agreement, but was focused too much on student life and parental support to be of use here. However, later on it will be argued that a similar vignette style measure was developed for use with young people in care.

Tools with no known psychometric properties will now be addressed. A clinical tool was developed by Tracy and Whittaker (1990), for which no psychometric data are available, which would have great potential for young people in care and other vulnerable populations. It has in fact been used by Smit (1993) in the Netherlands to look at the social networks of young people leaving residential care. The method requires the subject to draw a circle to represent the self, with three concentric circles representing the outside world, and the young person is asked where they would place each person mentioned as a network member. This method is thus interview based, rather than a pen and paper test and offers a high degree of flexibility. However, the method does not address who supports the person, for what problem. A method akin to the Tracy and Whittaker (1990) interview, consists of dependency grids (Beail and Beail 1985). These too were developed for use in clinical settings, and they have the advantage of dealing both with types and sources of support. Dependency grids are a type of repertory grid as originally developed by Kelly (1955), which are established conjointly by a researcher or clinician, and subject or client. Grids are versatile measures, which can be used in a wide variety of settings (Beail 1985). In the case of the dependency grid, people are asked to list people they might turn to, for a variety of problems in a specific area, such as problems with finances, a mate, the police, neighbours, parents, loneliness and so on (Fransella and Bannister 1977). These stressful events can be added to, or specific stressors more particular to the person in question can be used. The next step is for the person to compare and contrast these sources and types of support so that a picture can be built up of an individual's resources, and what makes them helpful. Kelly has argued that where people display 'undistributed dependency', or turn to 10 or more people for help, this is not as adaptive as people who specialise their needs and turn to fewer people. More intimate relationships with fewer people are seen as more desirable than less intimate relationships with more people. Grids are commonly analysed using Principal Component Analysis, even for a single subject, in order to show a visual representation of distances between the resources mentioned on the network list (Davis 1985). Again, this tool is

especially useful in a clinical, one-to-one, setting and requires qualitative analysis, using a quantitative method (Davis 1985). The validity of grids has been questioned (Yorke 1985), as grids require the researcher and subject to understand (or 'construe') the elicited events and resources in a similar way. This problem also arises when large subject groups are concerned, as individual subjects may not construe the elicited events in a similar way, affecting the validity of the grid. Walker, Ramsey and Bell (1988) have argued that grids add an important theoretical underpinning to social support measurement, by relying on Kelly's personal construct theory. Similar to the method developed by Tracy and Whittaker (1990) this approach however also requires more reliance on qualitative data analysis and is most suited for diagnostic and therapeutic interventions.

### 1.6.7 Social support: summary

The variety of work undertaken on social support ranges from counting the number of people in a given person's network and examining the quality of the relationships between people in networks, to researching the availability of self-help and other community resources. Research has been based on a variety of types and sizes of samples. Some general large scale populations (e.g. Cramer 1991; Marcelissen, Winnubst, Buunk and de Wolff, 1988) have been employed to examine the relationships between health, stress and social support, while smaller scale studies have been conducted with specific populations (e.g. unemployed adults in the UK (Ullah, Banks and Warr 1985) and American samples of lonely adults (Rook 1984), cancer patients (Dakof and Taylor 1990), pregnant women (Collins, Dunkel-Schetter, Lobel and Scrimshaw 1993), and spouses caring for husbands and wives with Alzheimer's disease (Pagel *et al* 1987). In addition, most literature and research on social support is North American in origin, with most researchers offering theories of social support based on American, adult or college student, and sometimes ill, samples.

The focus of most research has been on the buffering hypothesis, originally put forward by Cobb (1976). Most research carried out on social support is related to stress theory and coping, albeit at times with quite diverse samples. There has been a lack of uniform and consistent definitions of social support and a lack of cohesive theory (Bruhn and Philips 1984; Heller, Swindle and Dusenbury 1986; Buunk and Hoorens 1992; House *et al* 1988; Pierce *et al* 1990). Stroebe *et al* (1996) are rectifying this situation, by concentrating on the most stressful life event (death of a spouse; Holmes and Rahe 1966) and building up theory, based on attachment theory as well as stress theory. In addition, research on companionship (Rook 1987; Wellman *et al* 1987) has shown that buffering effects on health are not exclusive to social support, suggesting that buffering may be associated with other aspects of social life too. These developments indicate that social support research is continually refining and restricting its concepts, teasing out not



only *why* support is important to people, but which type of support is useful to people in specific circumstances.

While divergent definitions are reported, there is considerable overlap in categories of support used. For instance, most researchers use the distinction between practical and emotional support and most differentiate two or more types of each. While the label attached to the types of support varies, their content can be seen to be quite similar. It is only companionship however, which has a strictly behavioural definition, making it easily measurable (Rook 1987). In addition, few questionnaires and interview schedules have been developed outside the USA, and if measures are to be specific to populations (Vaux 1985; 1992) then American questionnaires used with adults should not be used on UK samples of young people.

The wide range of literature on social support and the loose way in which the term is employed, suggest that global statements concerning people's social support needs are impossible. Instead, subdivisions distinguishing emotional and practical support have improved the quality of the research undertaken which in turn has improved the potential of preventative support programmes (Dakoff and Taylor 1990). Narrowing research questions down and asking specific questions of a specific group regarding their support needs appears to be the way forward if findings are to be informative, reliable and of practical use. While this approach cuts down on generalisability across samples, it does more justice to individual samples' support needs and will further the development of theory accordingly.

In the next section the measures discussed earlier will be discussed with reference to the group of particular interest in this thesis, young people in care.

#### **1.6.8 Applying social support measures to young people in care**

When the social support theories and measurements so far are evaluated, a few observations can be made with reference to young people in care. Firstly, none of the instruments described above have been specially developed for use with young people and none of the checklists include items of particular interest to this group of adolescents. Most researchers assume that parents are sources of support to young people and this is precisely the problem for young people in care. Many measures also assume sophisticated social, verbal and literacy skills, and many have been used and validated using mainly American populations of adults, students or ill people. Secondly, it appears that many of the methods utilised in previous research have low validity and reliability (Bowling 1991), suggesting that even in samples for which they are designed most scales are of questionable use. Thirdly, few measures incorporate both a structural and functional component of social support measurement. Lastly, few measures have built on

support categories which support recipients consider helpful.

Since social support cannot be construed as a singular concept, a method is required which taps the various subcategories of support, as well as the functional and structural qualities of social support provision. In addition, for the specific sample of young people in care, specific stress items are required. For this purpose an interview schedule was developed which will be discussed in the method chapter. The hypotheses of this study are listed below.

### ***1.7 Hypotheses tested in this thesis***

1. The young people in this study will report sources of social support specific to the stressors investigated, as proposed by Wilcox and Vernberg (1985). In particular, emotional and practical support will not be provided by the same sources and within the different subtypes of emotional support there will be a differentiation of sources too.
2. Compared to young people in a general sample of young people, young people with care experiences will rely less on parents, and more on other sources of social support, for both practical and emotional support.
3. A gap of support providers will become apparent in a sample of young people with care experiences, as the role of parental support is not assumed by other sources of social support.
4. Compared to young people in a general sample of young people, young people with care experiences will report friends less often as support providers.
5. Compared to young people in a general sample of young people, young people with care experiences will have smaller social networks.
6. In line with previous work carried out on the education and employment of young people in care, it is expected that young people with care experiences will have lower levels of education, and fewer opportunities for employment as compared to a general sample of young people.
7. It is anticipated that the two groups of young people will be distinguishable on the basis of their reported support sources.

The next section will describe how the above hypotheses were tested.



## **Chapter 2    Method: How the study was carried out**

### **2.1    *Introduction***

In this chapter, the methodology developed to investigate young people's support sources will be discussed. So far in the thesis, it has been argued that adequate instruments to examine young people's sources of social support are not in existence. Those measures which are available are mainly for use with adults, and many have questionable psychometric properties, as is clear from Table 1.3 in Chapter 1.

The current study consisted of three parts. First, a pilot study was carried out to develop the measure of social support. A second study examined the reliability of the measure. The third, and main study compared support sources reported by young people in care and those reported by their non-care peers on the developed support measure. The methodology of these three studies will be addressed one at a time.

### **2.2    *Pilot study***

#### **2.2.1    Aim of the pilot study**

The pilot study was designed to investigate the concerns and stressors of young people, who were about to leave care. De Vaus (1991) has argued that for special groups, such as young people, an open-ended interview helps a researcher look through the eyes of respondents, enabling the development of a relevant and appropriately worded questionnaire. The aim of the pilot study was to elicit the discussion of stressful situations so that they could be included as questions in the social support interview, and to examine, on a small scale, which sources of support were likely to be of importance. In addition, the pilot research offered an opportunity to develop the biographical interview.

#### **2.2.2    Criteria for inclusion**

Young people aged 16 years and older in Local Authority care were considered for the study, as they were expected to leave care in the near future. At the age of 16, they would be young enough to still be in care, and old enough to be leaving shortly. The age criterion alone however was not sufficient to determine a sample, as young people spend time away from home for various lengths of time. For this reason, it was decided to include only those young people who had experienced a minimum of 6 months in care. This strategy would avoid including people in

the study who had spent a few weeks or months in care as respite, for instance during the time in which a single parent was in hospital.

Young people in both residential care and foster care were included, but not young people Home on trial, because it is exactly the removal from the home situation which is instrumental in creating new social networks. Furthermore, young people with physical handicaps and learning disabilities were excluded from the study because their special needs might result in non-typical social networks. Partridge (1989) for instance found in a small study on care leavers that those young people with special needs were also in need of special after-care and support in establishing social networks.

### **2.2.3 Sample, recruitment, materials and procedure**

Seven young people (two males, five females) took part in the study, after the mediation of a Local Authority Social Services Department. The seven young people were aged 16 and 17, with a Mean age of 16 years and 6 months. Four young people lived in foster homes, one was in a residential home and two young people were in supported lodgings.

Social workers had been asked to name young people who would be leaving care in the near future, and who met the criteria outlined above. This resulted in a list of 30 potential subjects. Social workers aimed to recruit a total of 10 young people randomly from this list on the researcher's behalf, but only seven young people were willing to take part in the study. Meetings were organised at a time and place convenient for the young people. In four cases this meant a meeting was organised at their Social Services Department, and three people were met in their homes (residential home, supported lodging and foster home).

During the interview the young people were first thanked for agreeing to take part in the study. Next, the young people were told the aim of the research: *'I would like to talk to you about the happy and unhappy things that happen in your life. It may be that sometimes you would like people to help you or to listen to you, and I would like to find out who it is that you would go to for help. I will be asking other young people in care the same questions, to see if you all answer similarly, or not.'* Permission was asked to tape the interview, after stressing that the material was confidential and that after the interview the young people's names would no longer be used to ensure anonymity. This proved important for the young people, who were generally anxious about their stories getting back to their social workers.

Interviews lasted about an hour and a quarter, and in one case close to two hours. The young people were asked about their time in care, about their relationships and about stressful events. They were also asked which stressful events they had encountered recently and in the past. This



elicitation of both stressful events and support providers is similar to the process of elicitation in Dependency Grids (Beail and Beail 1985; Walker, Ramsey and Bell 1988), with the exception that here the young people were not asked to compare and contrast the various events and supporters. Appendix 1 lists the interview questions. The young people were generally forthcoming and helpful, although one young woman talked incessantly without really committing herself about her support sources. Her contribution was used for its content of stressful events, rather than for its content on social support.

A tape recorder was used to tape the interviews. The young people's accounts were also noted on paper, in case the tape proved unreliable.

After the interview the young people were encouraged to ask any questions about the research or the researcher. They were thanked for their co-operation and they were given a card with the researcher's name, address and telephone number so they could get in touch, if they wished. Social workers too were given this information.

#### 2.2.4 Results of pilot interviews

Various events emerged in the open-ended interviews with young people when they were asked about their life in care and whom they might turn to for social support. Young people brought up specific relationship problems (e.g. problems in carer relationships, or in romantic relationships) and more practical issues (such as seeking housing, needing help for specific tasks). Table 2.1 gives an overview of problems mentioned by the young people. More detail on these can be found in Appendix 2.

Table 2.1: Table showing summary of stressful areas brought up by young people in pilot study (N=7).

<b>Problem area</b>	<b>Details</b>
Being in care	placement changes; lack of privacy; freedom; decision making in care; problems with social workers; pleasant social workers
Relationships	loss of contact with family members; family fights; arguments with partners; positive relationships with friends and partners
Education and employment	quitting or being kicked out of school; lack of qualifications; trouble making; problems finding jobs
Money	having no money; not being able to budget; benefit system with its forms and bureaucracy
Housing	needing a place; housing a family
Depression	feeling low; bad moods; loneliness; no stimulation
Pregnancy	sexual relations; child rearing at a young age

The problem areas included many different aspects concern, but they needed to be broken down to smaller incidents of stress or pleasure to develop items for the SSMA.

In addition, the network members reported by the young people were recorded, and these ranged from relatives and friends, to formal helping agencies, and individual helping professionals. Table 2.2 below shows all mentioned sources of support as an illustration of the potential support resources. A wide variety of sources were mentioned by the young people, ranging from kin to non-kin. Various types of parents and relatives (step-, adoptive-, and foster relationships) can be identified, as well as different arenas of friendship, and services.

Table 2.2: Table showing the support sources mentioned by the young people in the pilot study (N=7)

Parents: mother, father, step-mother, step-father, adoptive mother, adoptive father; mother's boyfriend, father's girlfriend
<i>In loco parentis</i> : Foster parents, foster grandparents, foster siblings, foster aunts and uncles
Other relatives: uncle, aunt, grandmother, grandfather, step-grandmother, adoptive grandmother, adoptive grandfather, brother, sister, half-brother, half-sister, step-sister, step-brother, adoptive brother, adoptive sister
Formal helping agencies: job centre, benefit office, career's office, social worker, keyworker, residential worker, teacher, social services, housing office, hospital, police, probation officer, community centre
Friends, colleagues, school mates, people in gang, boyfriend, girlfriend, neighbours
Friend's parents, boy or girlfriend's parents, boy or girlfriend's other relatives, such as brothers, sisters, grandparents and uncles and aunts.

Content analysis of the interviews with the young people in care thus resulted in a list of potential sources of social support and in a list of stressful events. The interviews served as the building blocks for the Social Support Measure for Adolescents.

### 2.2.5 Developing vignettes for the Social Support Measure for Adolescents

The interviews were transcribed and topic areas were recorded. Items for the SSMA were generated to include those topics which had been brought up by at least two interviewees. Other items were included if at least one interviewee had indicated the topic to be of great importance, and if this topic was also reported in the existing literature (Stein and Carey 1986; Biehal *et al* 1992; Garnett 1992; Partridge 1989). Appendix 2 gives an overview of topics mentioned by interviewees, and extracts of interview transcripts to illustrate the material generated. It is clear from appendix 2 that the topics brought up by the young people in the pilot interviews span a wide range of topics. First there are problems pertaining to specific areas of concern, such as schooling, jobs and social services. Another grouping of events can be summarised as 'person' specific, that is problems relating to specific people such as boyfriends and girlfriends, parents and friends. In general, the first area appears to cover mostly practical problems, while the second is more concerned with emotional and relational problems. The pilot interviews also uncovered other personal, demographical details with an emotional content, such as pregnancies and imprisoned partners, which were echoed in the literature (Stein and Carey 1986).

Other problems mentioned in the literature on care leavers include loneliness, housing, literacy, jobs and money (Stein and Carey 1986). Topics of more general interest to adolescents and



young people were also identified, specifically romantic relationships, good looks and appearances, autonomy and dependence in relationships with parents and lastly, confidant relationships and friendships.

The pilot interviews gave some detailed insights into the realities of the young people's day to day care. An item was constructed for the SSMA based on the young people's accounts of being in care. Open-ended questioning led to various topics being explored, but the main source of agitation and stress for the young people appeared to be a lack of consultation in decision making. Leaving care was offered as a topic to the young people and most were not concerned at all about leaving care, although a few young people mentioned wanting access to their social services files at that stage. The care literature too indicated that this area of concern was valid in other groups of care leavers (Stein and Carey 1986, Stone 1990). It was therefore decided to frame a vignette on this basis. Empathy item number 4 was a result of the topics discussed in the interviews and the material derived from the care literature. Associated topics mentioned in the literature included problems obtaining housing (Stein and Carey 1986), and as the young people in the pilot sample were not yet in their own minds considering leaving care, it was considered important to include an item on this problem. Two items sprang from this topic area: one associated with seeking information on housing (*informational support*), and another describing needing a bed for the night in an emergency (*tangible 1*). The first of these two items was thought to cover the need for ongoing housing, while the latter covered emergency and short term accommodation.

As mentioned earlier, relationships with other people were rather prominent in the young people's accounts of day to day pleasures and problems. Boyfriend or girlfriend trouble arose in most accounts, and the level of problem ranged from resolving arguments, to dealing with pregnancy and parenthood. These matters were considered of great importance, as the literature on care leavers indicated that pregnancy and parenthood were associated with leaving care (Quinton and Rutter 1985). Furthermore, parenthood and pregnancy were considered to have important implications for social support networks, and it was therefore decided to include an item on pregnancy (*empathy number 1*). The item was deliberately worded in a non-accusing fashion to reduce the young people's opportunity to deny that such accidents could happen. Furthermore, the item was included for males too, as prospective parenthood has an impact on men's social networks and relationships too.

Other relationships of concern were relationships with parents and siblings. Many young people described not getting on with members of their family, even while in care. Moreover, young people reported various levels of problems with foster or residential carers. It seemed important to address this conflict with carers with an item on the SSMA (*conflict*), particularly as foster

and residential carers were expected to be important providers of support, rather than sources of conflict. In addition, the literature on adolescence in general, as described in Chapter 1, suggests that young people in families balance their need for autonomy and independence, and this need is likely to be similar in the population of young people in care, even though these young people do not live with their own parents. It seems important to acknowledge that young people living with foster and residential carers experience similar processes, in different contexts.

Some young people were clear about the type of support they desired, and in many cases an unquestioning, accepting, shoulder to cry on was described. In addition, some young people described the people they leant on most, as also sharing good news and happy events, indicating that not only negative events were associated with interpersonal contact. These accounts of the young people resulted in two acceptance items (*acceptance 1 and 2*).

The young people in the pilot sample were not highly educated and it emerged in the interviews that many had trouble filling in forms for various formal agencies. In addition, formal letters and spelling were identified as areas of difficulty and therefore two items were constructed dealing with literacy. Tangible support item number 4 deal with the filling in of forms and so addresses whom the young people could ask for help in spelling and writing, while the item trust number 2 deals with whom the young people would trust to help them write a formal letter.

In addition to school problems, employment was a problem for the young people in the pilot sample too. It emerged that many had no idea whom to ask for a reference, as school teachers and other school related contacts may not have had happy memories of this person's school attendance and performance. In addition, finding a job was a difficulty faced by many of the young people, a finding echoed in other research on care leavers (Stein and Carey 1986). Two items were constructed to deal with these job related matters (*tangible 2 and 3*), as employment can provide access to social networks. Furthermore, one's social networks dictate whom one can ask for a reference and whom might help to find a job.

A related problem was mentioned by the young people: shortage of money. This seemed a fundamental problem, even though it was related to lack of education and employment. One item was drawn up to describe needing a small emergency loan (*tangible 5*). The amount of five pounds was deliberately mentioned as a non-specific amount, or a larger amount, might have prompted the young people to answer 'the bank'.

The young people talked of their day to day existence, indicating that they were bored a lot, or some of the time. With this sentiment in mind, two items were constructed. The aim of the first item was to identify who accepted the young person regardless of their mood (*acceptance 2*,



described above as well). Another item was constructed to deal with whom would listen and empathise if such a mood occurred (*empathy 3*).

The young people's daily lives seemed to involve few other people and the question of whom noticed small or large changes in their daily lives was pertinent. Under age drinking was reported by two young people, and illicit drug use by one young person. The young people were sure no-one in their circle, except their peers, knew about this. A noticing scale with items recording who notices whether the young person was in trouble, ill, or sad was drawn up. To include a positive item, an item was created to ask whom would notice a good mood.

The 27 SSMA items were thus a synthesis of 10 subtypes of support as conceptualised by Wilcox and Vernberg (1985), interviews carried out with seven young people leaving care and two sets of literature, namely work on young people in and leaving care, and more general research on adolescence. The problem areas arising in the pilot interviews were conceptually divisible into practical and emotional events, matching Wilcox and Vernberg (1985)'s first level distinction of support types. Topics from the literature were similarly divided. The items then had to be assigned to one of each support subcategory and this was carried out by two psychologists. Inter-rater reliability of the support categories tapped by the items resulted in 88% (24 out of 27) agreement. The items which resulted in disagreement were both acceptance items and one item measuring trust. Neither of the acceptance items asked: *'Whom do you feel accepts you'*, which would have defined the items more clearly, while the trust item was based on a practical situation (*writing a letter, whom do you trust enough to ask to help*) which made it more like a practical support item. More emotional items than practical items were included as the Wilcox and Vernberg (1985) categorisation also includes more emotional than practical categories. Appendix 3 lists the items and the category of support they measure.

The language used by young people in the pilot interviews was informal and at times direct. The SSMA items were similarly informally, and at times bluntly, worded to appeal to young people and to generate appropriate data. The questions were offered as 'vignettes', a method commonly used to standardise the context of questions (De Vaus 1991). The vignettes were designed to minimise non-committal and unhelpful answers by providing a clear emotive and situational context. Furthermore, items were phrased mostly in what Beail and Beail (1985) call the 'if' form in grids: that is, questions are phrased as follows: *'if you should encounter x, who would you turn to for help?'*. This was done so that all respondents were able to complete the full version of the SSMA. Above, it was clear how the topic areas from the literature and pilot interviews gave rise to the question content. Here, the development of one vignette will be described in more detail. The item empathy 1 was developed as a consequence of both the interviewees and the literature (Stein and Carey 1986; Durkin 1995) describing arguments with

boy- and girlfriend as a potential source of stress. This item had to be assigned to one of the Wilcox and Vernberg (1985) categories and empathy was chosen, as the young people might want to discuss their relationship problems with other people, who would listen and understand. The word empathy itself was not mentioned in the item, as young people might not know what empathy meant, rather the meaning of empathy was conveyed as someone who would listen and show understanding. The wording was then adjusted to appeal to a young person. This resulted in the following question:

*'Say you have had an argument with your boyfriend / girlfriend and you are really upset and confused. You really want to vent off some steam to someone. You feel he / she has been really unreasonable. Who would be your first choice to talk to?'*

The selected topics generated from the literature and pilot interviews were assigned to eight different types of social support (based on Wilcox and Vernberg, 1985; House, 1981; and Sarason, Pierce and Sarason, 1990): love, like, reassurance, acceptance, empathy, trust, informational support and tangible support. An extra item relating to conflict with parents was added, together with a further subscale with questions related to the noticing of daily behaviours ('Notice'). The items were not presented in the order of the classifications, rather they were mixed up to provide contrasting questions. In this way it was hoped to reduce response set. The last item was positively phrased, to avoid enduring negative thoughts or feelings after the interview on the part of the subjects.

All questions were open-ended, so that sources of support could be freely named and so that the young people were not offered suggestions of answers. If however, an interviewee answered 'no-one' repeatedly, they would be prompted (*'Are you sure there is no-one you could turn to for this problem?'* and *'Would you like to leave this question till later so you can think about it?'*) If prompting elicited no further information, then 'no-one' would be taken as the final answer.

A pilot study (N=5) was carried out with a small sample of young people aged 16 years recruited from a local Comprehensive school, who were invited to complete the questionnaire and offer suggestions of revisions. Most reported no difficulties with the questionnaire, but where phrasing of items appeared ambiguous or unclear, amendments were made as suggested by the young people. The comments and feedback from the young people on style and content meant that the vignettes were shortened, as they felt there was too much material to read. In addition, in places the language was altered to make the questions more easily understood and to make it more appealing to young people. Some items were designed as 'light relief', such as questions on which were the young person's favourite places, and who were their favourite people. A question on whom the young people disliked most was also included. These questions were enjoyed by the young people and it was therefore decided to leave these in. These vignettes were



also regarded as possible conversation openers. For instance, questions of favourite places, favourite people and most disliked people have the capacity to illustrate in more detail the chosen sources of support, and even uncovers reasons why some people might not be good support providers.

The young people on the whole answered by naming friends and their parents for emotional support items, and at times teachers and professionals for practical support, suggesting that differentiated use of support sources was present in this small pilot sample.

In conclusion, the Social Support Measure for Adolescents was elicited and constructed using open-ended interviews, mapping the content of the young people's contributions, and literature on both care leavers and adolescents in general, onto the types of social support described by Wilcox and Vernberg (1985).

## **2.3 *Social Support Measure for Adolescents: Validity and Reliability***

### **2.3.1 Introduction**

As described before, the SSMA was developed on the basis of dependency grid style, open-ended interviews with young people and findings in the literature. It will be argued below that the social context in which the scale was developed has contributed to its reliability and validity.

### **2.3.2 Social Support Measure for Adolescents: Validity**

Content validity has been defined as:

*“the extent to which an empirical measurement reflects a specific domain of content”* (Carmines and Zeller 1979, p20).

In the case of the SSMA, the specific domain of content is social support. As the scenario's contained in the SSMA first emerged from the pilot interviews with young people in care, which were then assessed against the relevant specialist literature, the measure appears to have considerable content validity. The SSMA was then submitted to young people retaining similar wording and style. The vignettes were described clearly and in some detail, so that variations in the young people's understanding of the questions were minimised (De Vaus 1991). In addition, the if-form (Beail and Beail 1985) was used in the vignettes to cut down on non-committal and unhelpful answers. Furthermore, the items were piloted on a small sample of young people, to test the measure out.

Theoretically too, the SSMA appears of sound validity, as the items were constructed on the basis of types of social support as put forward by Wilcox and Vernberg (1985) and Sarason, Pierce, Sarason (1990). This theoretical framework thus merged with the empirical content of

the pilot interviews and the research literature on young people leaving care (Stein and Carey 1986).

Further evidence of construct validity might have been provided by comparing the SSMA to other instruments measuring social support. No comparable measure is however available, as no measure exists which was developed specifically for young people, let alone young people in the care system. This point was made earlier in Chapter 1. Existing social support scales also do not possess adequate validity and reliability (Bowling 1991), so that a comparison with any other scale would yield meaningless results.

Various definitions of validity are in circulation, but Carmines and Zeller's is often quoted:

*"Validity concerns the crucial relationship between a concept and an indicator"* (Carmines and Zeller 1979, p12).

In this case the concept is social support and its indicators are the items on the SSMA. In the next section it will be argued that the SSMA is a valid instrument for examining sources of social support of young people in the UK. Ordinarily, factor analysis is used to investigate whether an underlying construct is being measured by items on a questionnaire (Bryman and Cramer 1990). In this case, the data are both nominal and categorical, so factor analysis and Cronbach's alpha values cannot be calculated under these circumstances. Instead, cluster analysis will be used to investigate whether the items, or indicators, cluster together in meaningful ways.

### **2.3.3 SSMA: Internal consistency**

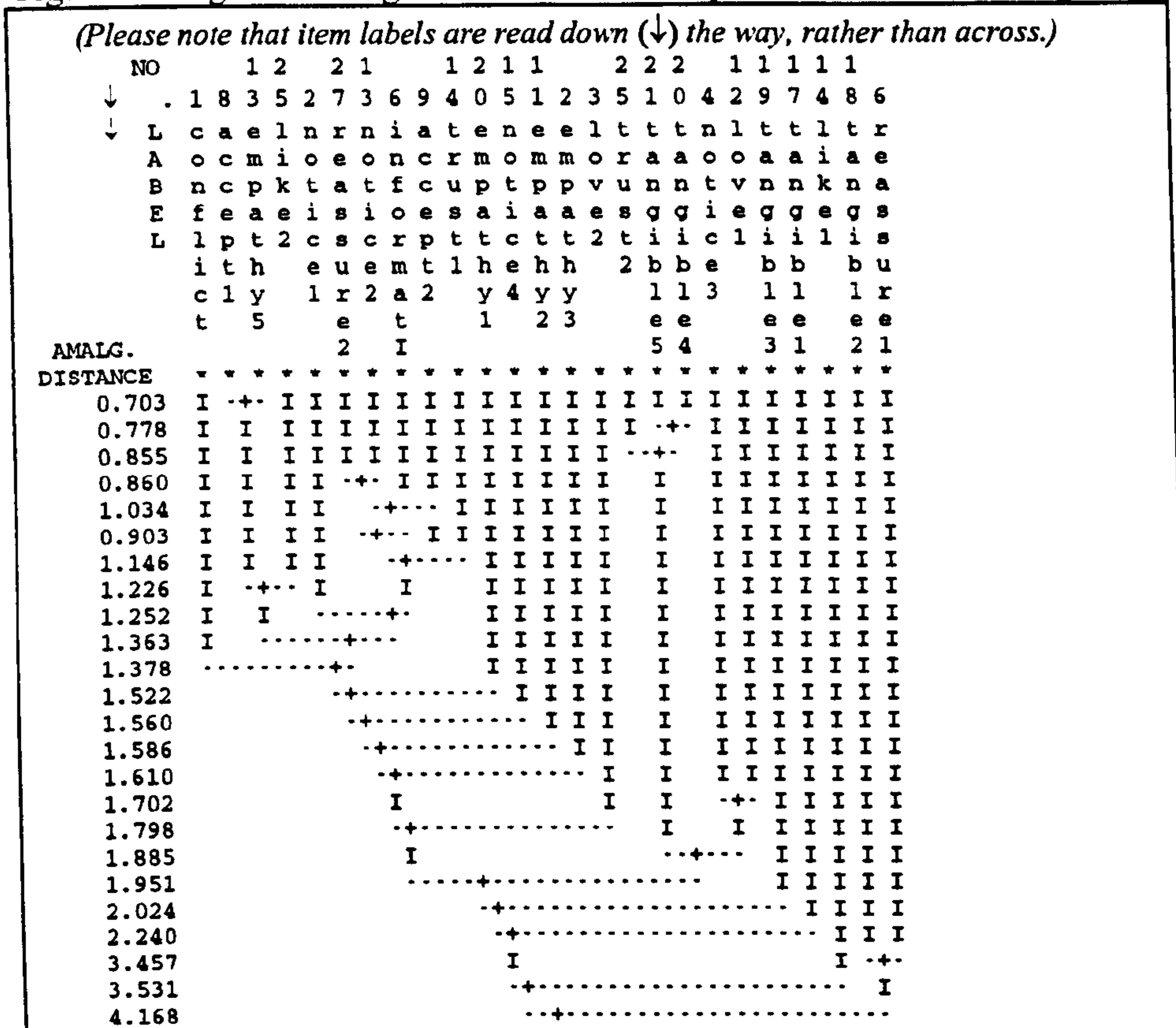
Cluster analyses were carried out to investigate whether the pre-assigned support categories were borne out by the collected data. Cluster analysis of cases (here the cases were not individual subjects, but the individual items on the SSMA) is a hierarchical clustering method, which initially treats each case as a separate cluster and adds on cases (items) till all cases (items) are subsumed under one cluster (Everitt 1996). Here, the single linkage amalgamation rule was used, so that the first nearest cases were added together (Dixon 1992).

The investigation of internal consistency is based on the 100 non-care young people used in the main study, reported further on in section 2.5. Because differences were expected between the in-care sample and comparison samples, it was decided not to conduct the analysis on the total of 150 young people. The young people in the comparison group were expected to display more normative and more homogeneous behaviour, making this sample the more useful for assessing reliability. The young people's answers on the questionnaire were collated in a data matrix showing the proportions of young people turning to the various sources of support for all items on the SSMA. This data is included in Appendix 4. In addition, the number and proportions of



young people answering 'no-one' was entered in the analysis, as some items may have been differentiated on this basis alone. Missing data however were not included in the analysis, so that missing values were not a basis on which clusters could be formed. Values were missing when young people answered 'don't know', or when they were unwilling to answer the question. Not all 27 items of the SSMA were used in the analysis: 2 items were excluded. One was excluded on the grounds that it was not applicable to the non-care young people in the main study (item on social services), and the other because it was only of relevance to females in the study. BMDP was used to carry out a cluster analysis of the 25 remaining items. Figure 2.1 shows the dendrogram of clusters.

Figure 2.1: Figure showing results of cluster analysis on SSMA: clustering items for reliability.



- KEY of item numbers and labels:
- 1 conflict: if you had a row with your parents (or carers), who would you talk to?
  - 2 love 1: who loves you no matter what?
  - 3 love 2: who would bend over backwards to help you?
  - 4 trust 1: who do you trust enough to tell a personal problem?
  - 5 trust 2: who do you trust enough to show them a personal letter for them to check over?
  - 6 reassurance 1: who would reassure you if people were spreading malicious gossip about you?
  - 7 reassurance 2: who would reassure you about your clothing?
  - 8 acceptance 1: whom do you tell good news to?
  - 9 acceptance 2: who would listen to you when you are in a bad mood?
  - 10 empathy 1: who can you talk to if you have had an argument with your partner?
  - 11 empathy 2: who can you talk to if you are afraid you (or your girlfriend) might be pregnant?
  - 12 empathy 3: who could you phone for a chat any time?
  - 13 empathy 5: if you were happy, who would you want to talk to?
  - 14 like 1: who would you buy gifts for?
  - 15 like 2: who would you take on holiday with you?
  - 16 informational: Who would help you find accommodation?
  - 17 tangible 1: if you needed a bed for the night?
  - 18 tangible 2: who would give you a reference for a job?
  - 19 tangible 3: if you needed help finding a job, who would you ask?
  - 20 tangible 4: who would help filling in forms?
  - 21 tangible 5: who would lend a small amount of money?
  - 22 notice 1: Who would notice a good mood?
  - 23 notice 2: Who would notice if you were in trouble?
  - 24 notice 3: Who would notice if you were ill?
  - 25 notice 4: Who would notice if you were sad?

The clustering dendrogram (Figure 2.1) shows which items are clustered together at which stage. For instance, the first two items to cluster together are acceptance 1 and empathy 5. Further to the right in the dendrogram, tangible 4 and 5 cluster together at an early stage too, indicating that the distances between these items are very small. Three major clusters can be identified. Cluster one covers mainly emotional support items on the questionnaire while cluster two is more defined by tangible items. The third cluster comprises two outlying items. Table 2.3 shows the clustering of items in summary.

Table 2.3: Table showing how the content of SSMA items cluster together.

Cluster 1	reassurance 2	who would reassure you about your clothes?
	notice 2	Who would notice if you were in trouble
	informational support	Who would help you find accommodation?
	acceptance 2	who would listen to you when you are in a bad mood?
	trust 1	who do you trust enough to tell a personal problem?
	notice 1	Who would notice a good mood
	acceptance 1	whom do you tell good news to?
	empathy 5	if you were happy, who would you want to talk to?
	like 2	who would you take on holiday with you?
	conflict	if you had a row with your parents, who would you talk to?
	empathy 1	who can you talk to if you have had an argument with your partner?
	notice 4	who would notice if you were sad
	empathy 2	who can you talk to if you are afraid you might be pregnant?
	empathy 3	who could you phone for a chat any time?
love 2	who would bend over backwards to help you?	
Cluster 2	tangible 4	who would help filling in forms
	tangible 5	who would lend you a small amount of money.
	trust 2	who do you trust to show a letter to, to check it over
	notice 3	Who would notice if you were ill?
	love 1	who loves you no matter what?
	tangible 3	if you needed help finding a job, who would you ask?
	tangible 1	if you needed a bed for the night
	like 1	who would you buy gifts for?
Cluster 3	tangible 2	whom would you ask for a reference for a job
	reassurance 1	who would reassure you if people spread malicious gossip about you

The heart of cluster 1 is formed by reassurance 2 (*who would reassure you about your clothes?*) and notice 2 (*Who would notice if you were in trouble?*), indicating day to day, caring support. Individual items are then added to this cluster, namely informational support (*Who would help you find accommodation?*), acceptance 2 (*Who would listen to you when you are in a bad mood?*), trust 1 (*Who do you trust enough to tell a personal problem?*), and notice 1 (*Who would notice a good mood*), indicating items tapping both tangible support and confidant support. Meanwhile, beside this main body of cluster one, various outlying items are clustering together: acceptance 1 (*Whom do you tell good news to?*) and empathy 5 (*If you were happy, who would you want to talk to?*) to begin with, strengthening this cluster as an emotional support cluster. Later on, like 2 (*Who would you take on holiday with you?*) is added on. This



small cluster, which appears to be characterised by empathy and companionship, then merges with the main body of cluster one. Further individual items are amalgamated into this cluster, in the following order: conflict (*If you had a row with your parents, who would you talk to?*), empathy 1 (*Who can you talk to if you have had an argument with your partner?*), notice 4 (*Who would notice if you were sad*), empathy 2 (*Who can you talk to if you are afraid you might be pregnant?*), empathy 3 (*Who could you phone for a chat any time?*) and love 2 (*Who would bend over backwards to help you?*). Once more it is clear that the items reflect an emotional support component, ranging from day to day caring support, to more specific empathy support for specific scenarios.

The second main cluster is formed by tangible 4 and 5, items asking who would help filling in forms and lending a small amount of money. Trust 2 is added, and while this item was intended to measure trust, it may have measured tangible support instead. The question was whom the young people would turn to if they needed someone to trust to check over a letter they had written. A small cluster of two items love 1 (*Who loves you no matter what?*) and notice 3 (*Who would notice if you were ill?*) is later added in, and after this point, the second cluster merges with the first cluster. These last two items are thus reasonably far removed in distance from the other items in cluster two. A few outlying items then join in: tangible 3 (*If you needed help finding a job, who would you ask?*), tangible 1 (*If you needed a bed for the night*), and like 1 (*Who would you buy gifts for?*), suggesting that these items all measure different aspects of support than those items subsumed under the first and second main cluster. The last and third cluster adds the existing cluster with 2 items. Tangible 2 asks whom the young people would go to for a reference if they needed one for a job. In addition, the question reassurance 1 was intended to measure reassurance, but may have ended up asking something else. The question was: *Who would you turn to for reassurance if people around you spread malicious gossip about you.* For both these items then, the young people are seeking out peripheral members of their network. In this way they differ from the other items on the SSMA and contribute to divergence of the scale.

In short three individual clusters of items appear:

1. emotional support, including day to day and confidant support items;
2. tangible support items;
3. outsiders: tangible support from peripheral network members for specific problems.

This cluster analysis thus confirms that practical and emotional support items are regarded as separate types of support, and some finer grain subdivisions of support types are evident. Furthermore, the analysis shows that many items join clusters at a late stage, indicating that these outlying items measure separate aspects of social support. Interestingly, the items are not

clustered exactly according to the types of emotional support put forward by Wilcox and Vernberg (1985), who distinguished trust, reassurance, love, empathy and caring. Parallels however, can be found: the distinction between emotional and practical support is upheld, with the first (emotional) cluster displays the following subdivision:

1. day to day caring and trusting, confidant support;
2. empathy and companionship.

The subdivision of practical support into tangible and informational support is not evident in the cluster analysis. Informational support appears to have been subsumed under emotional support, while the tangible support cluster also includes love 1 (*who loves you no matter what?*) and like 1 (*who would you buy gifts for?*). These two emotional items would have been more likely contributors to the first, emotional support cluster instead.

In conclusion, the Social Support Measure for Adolescents can be said to show good validity, in that it displays internal consistency, tapping various aspects of social support, namely practical and emotional support. This distinction of practical and emotional support is found back in the literature on social support. The Wilcox and Vernberg subcategories of support however, were not replicated and this could be due to a number of factors. Firstly, items were constructed and assigned to the Wilcox and Vernberg categories, while the items also incorporated material from both the literature and pilot interviews with young people in care. It could be that the assignation of vignettes, and their wording, was not as clear cut as intended. Furthermore, it could be the case that the Wilcox and Vernberg categories, based on research with adults, and while appearing valid across samples, are not appropriate for young people who are not yet adults. It may be that empathy, companionship and confidant support, together with general practical support are in fact the more important aspects of social support to young people, as they negotiate the demands of home, work or training and their social networks.

The next section will address the reliability over time of the SSMA.

## **2.4 Social Support Measure for Adolescents: Reliability**

### **2.4.1 Introduction**

While the validity of the SSMA appears to be satisfactory, the reliability of the measure has not yet been examined. Various methods can be used to address the reliability of a scale, and in this chapter the SSMA's test - retest reliability will be reported.

### **2.4.2 Social Support Measure: test - retest method**

*"Reliability concerns the extent to which an experiment, test or any measuring procedure yields the same results on repeated trials"* (Carmines and Zeller 1979, p11).



In order to test this reliability over time of the SSMA, it was administered twice to a sample of students, with a one week time interval. This time interval was chosen for both conceptual and practical reasons. Carmines and Zeller (1979) recommend a time lag of at least a week and at most a month, stating that the longer the time gap between measurements, the less likely one is to obtain reliable retest measures.

### **Sample, materials and procedure**

The sample consisted of N= 62 undergraduate students taking statistics and mathematics courses, with a Mean age of 20 year and nine months (S.D.= 4.88). Twenty seven males (43.5%) and 35 (56.5%) females completed the questionnaire form of the SSMA as a pen and paper task, as attached in Appendix 6.

Permission of course leaders was sought to administer questionnaires to their students. Course leaders then informed their students a psychology PhD student needed their help for a survey. Students were interrupted in class, half way during a lecture or practical, and asked to take part in the research. It was impressed on them that it was important that the questionnaires were filled in honestly and completely. A name, or identifier, was requested, and it was explained that the purpose of the study was to investigate the reliability of the measure. The students completed the form in 10 to 15 minutes, with a few exceptions taking longer. Students and lecturers were thanked for their co-operation.

A week later, in the same class, students were once more interrupted and asked to take part in the study. In this instance, only those who had filled in the questionnaire before, were requested to fill it in again. They were asked again to fill it in completely and honestly. Students completed the questionnaire in 10 to 15 minutes. They were thanked for their co-operation. Feedback on the total sample and findings was provided to course leaders.

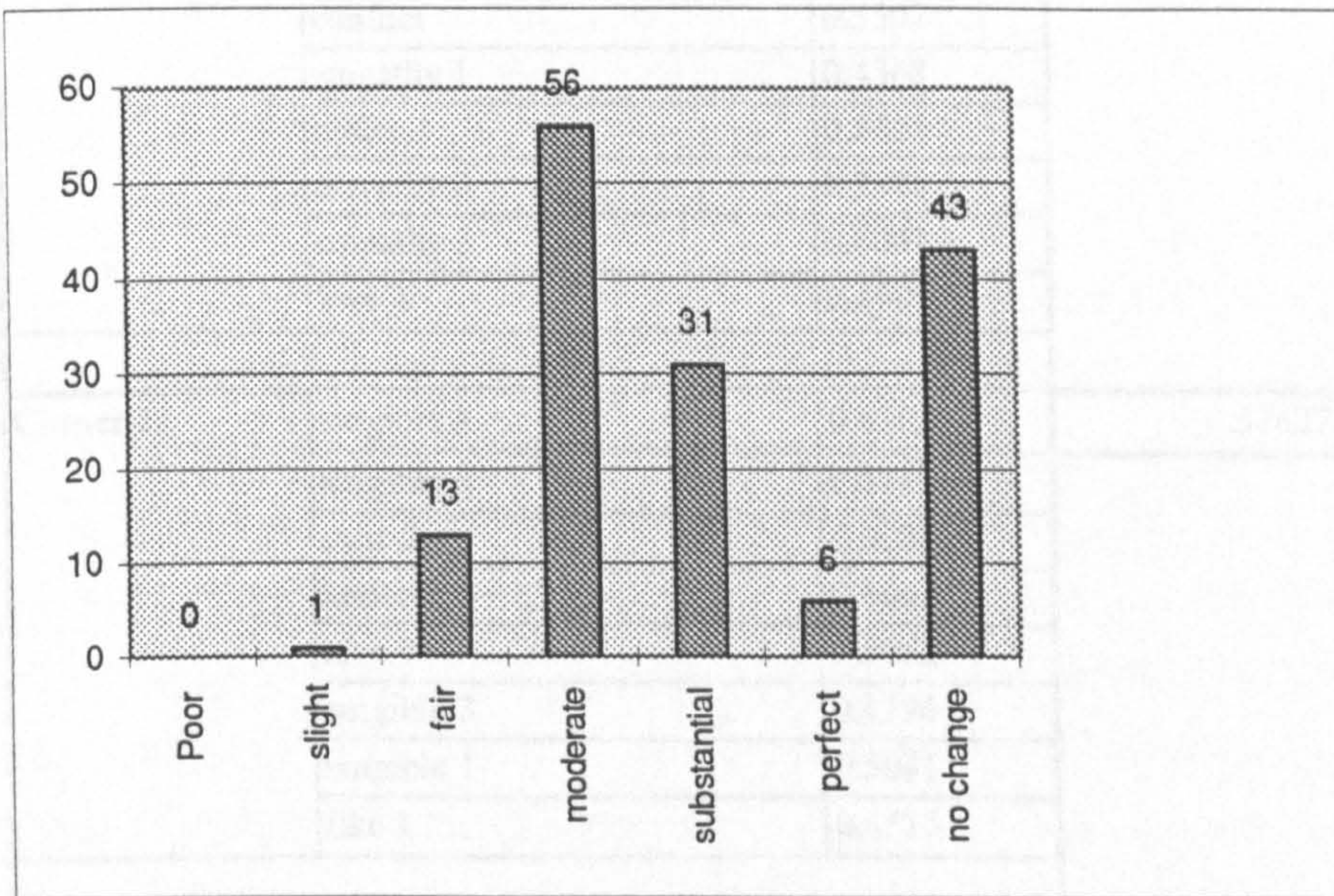
### **Analysis and results**

Each person completed the SSMA twice and a kappa ( $\kappa$ ) measure of reliability was calculated for each combination of items and possible support source. Twenty five questions were included in the SSMA. For each question there were six, rather than seven coding categories, as the category of foster and residential carers could be excluded in a non-care sample. This resulted in a total of 150 variables. The kappa statistic is based on expected and observed values and checks the level of agreement at time 1 and time 2 (Everitt 1996). Appendix 5 gives the details of all kappa's calculated. Kappa is described as being poor when it is equal to or less than zero, slight when between 0.01 and 0.20, fair when between 0.21 and 0.40, moderate when between 0.41 and 0.60, substantial when between 0.61 and 0.80, and perfect when over 0.81 (Everitt 1996). The graph on the next page (Figure 2.1) shows the number of variables in each of the reliability



categories, while Appendix 4 provides the full details with a table of each variable and its associated kappa value. It is clear from figure 2.2, that most items showed moderate or substantial agreement over time, with 49 (6 plus 43) variables indicating perfect agreement between time 1 and time 2. The average kappa value for all variables was 0.5571, with a standard deviation of 0.14. None of the items consistently showed very low kappa's for each provider of support, indicating that none of the items need be eliminated for future use of the SSMA. A total of twelve items out of 25 showed moderate to perfect kappa values.

Figure 2.2: Figure showing frequencies of levels of agreement between time 1 and time 2 (N=62), based on  $\kappa$  measure of reliability.



Kappa values were examined in relation to the clusters of items obtained earlier in the internal consistency analysis. The average kappa's will be an underestimation, as only those values which were calculable were included, excluding those values which were perfect and can be assumed to be 1. The table below (Table 2.3) shows the clustered items in the SSMA and the kappa values belonging to each item. It is clear from Table 2.4 that most items show moderate or substantial kappa values, but again it has to be borne in mind that these values were calculated excluding some of the most reliable variables. In addition, it is clear from the table that higher kappa values were not confined to one of the three clusters of items, suggesting that all three clusters contribute to the reliability of the SSMA. The lowest kappa value is associated with the item empathy 2, which addresses whom the young people might turn to if they were afraid they (or in the case of men, their partner) might be pregnant. The kappa value for this item is 0.3880, which according to Everitt (1996) still amounts to fair reliability.

None of the items on the SSMA thus showed poor reliability. It was therefore decided to drop none of the items of the SSMA.



Table 2.4: Table showing cluster analysis of items and the kappa values belonging to each item, and each cluster.

Clusters	item	kappa	average kappa for cluster
Cluster 1	reassurance 2	0.5013	0.536833333
	notice 2	0.5925	
	informational	0.4955	
	acceptance 2	0.5217	
	trust 1	0.5792	
	notice 1	0.5773	
	acceptance 1	0.5494	
	empathy 5	0.4543	
	like 2	0.7086	
	conflict	0.5507	
	empathy 1	0.4368	
	notice 4	0.5851	
	empathy 2	0.3880	
	empathy 3	0.6042	
love 2	0.4989		
Cluster 2	tangible 4	0.6302	0.576275
	tangible 5	0.5713	
	trust 2	0.5081	
	notice 3	0.6692	
	love 1	0.5062	
	tangible 3	0.4796	
	tangible 1	0.5941	
	like 1	0.6515	
Cluster 3	tangible 2	0.5309	0.54765
	reassurance 1	0.5644	
Mean overall kappa value		0.55032	

#### 2.4.4 Summary

This section provides evidence for the SSMA's internal consistency and reliability over time. While the statistical analysis of internal consistency does not bear out exactly the conceptual distinctions made by Wilcox and Vernberg, the SSMA does appear to contain items measuring very similar conceptual aspects of social support. The distinction between practical and emotional support is upheld, while there is evidence for additional refinements of on the one hand day to day caring, trusting, confidant support and on the other hand, empathy and companionship. Furthermore the reliability over time for the SSMA is on the whole good, with some items showing even perfect reliability over time.

Having addressed the reliability and validity of both the interview and questionnaire version of the Social Support Measure for Adolescents, it can be seen that its psychometric properties compare favourably to other social support measures reviewed in Chapter 1, justifying its use in this study. The next section addresses the main study carried out comparing young people in care and those in the general population on sources of social support.

## **2.5 *The main study***

### **2.5.1 Aim of the study**

The aim of the main study was to examine which sources of support young people with care experiences reported for specific stressors, and to compare their sources of support to those reported by young people in the general population.

### **2.5.2 Access to young people in care**

The pilot study had shown that access to a random sample of young people in care and leaving care was problematic. First, likely subjects for the study had to be identified by the Local Authorities, who then arranged contact between the young person and the researcher. It was impossible to gain access to more than 17 young people in just one Local Authority, as a large scale research project on young people in care was being carried out there already. Through Local Authority research links it was possible to contact professionals in a different Local Authority who had an interest in the topic. Young people were identified by social workers, who asked the client's co-operation before disclosing their names. The young people recruited in this manner were mainly in supported lodgings or independent living schemes. In this manner a total of 32 young people were recruited. Five other Local Authorities had been approached for their co-operation, but they were not able to take part in the research. Finally, the voluntary sector, further afield, was approached. An independent living scheme in one of the London boroughs providing housing for care leavers agreed to take part in the research. The Housing Manager wrote to 36 young people informing them of the research. After this, the young people were sent a letter from the researcher asking them for their co-operation in the study. This resulted in 18 more people willing to be interviewed, a fifty percent success rate.

The total sample consisted of fifty subjects, who had been recruited through Local Authority and voluntary sector mediation. Ideally, in this type of research, subjects are randomly chosen from records and contacted directly by the researcher. Random choices would have resulted in a smaller sample and this method was therefore not employed. Direct contact by the researcher was impossible in most cases, as names and addresses were held confidentially in agency's offices. Indeed, the mediation of the agencies may have increased the likely number of subjects, as subjects knew their agency's representatives, but would have had no knowledge of, or



obligations towards, an outsider. The mediation of agencies was thus both helpful for increasing the sample size of the study, and unhelpful in terms of the representativeness of the sample.

The young people included in the sample will be compared to the regional statistics of young people in care to determine their representativeness. The table below (Table 2.5) shows the numbers of young people in care at the time of the study, in each area of recruitment, with details of ages, gender split and types of care.

Table 2.5: Table showing demographical details of populations of young people in care in the three areas from which the current sample were recruited.

	Local Authority 1	Local Authority 2	London Borough	Nationally
total in care in 1991	459	781	408	59834
per 1,000 of population under 18	3.27 per 1,000	5.65 per 1,000	7.78 per 1,000	5.52 per 1,000
boys	258= 56.2%	411 = 56.5%	196 = 48%	31955= 53.4%
girls	201= 43.8%	370 = 43.5%	212 = 52%	27879= 46.6%
foster homes	69%	78%	63%	58.1%
residential care	17%	10%	21%	16.2%
other accommodation, such as supported lodgings, placement with parent / guardian	14%	12%	16%	25.7%

In this study, equal numbers of males and females were involved, which seems justified as in the regional statistics the gender split is almost 50 -50. The sample is probably representative in terms of gender, ages and living circumstances, but it is possible that those included in this study had a more positive relationship with their social workers and carers.

## 2.6 Samples

### 2.6.1 In care

Sample 1 consisted of 50 young people (25 females and 25 males) with care experiences. The young people were of various ages, range: 16 - 25, Mean 18.4 years, (S.D.=1.95). The subjects were recruited in various ways, as described above. All young people included in the study were white. Sixteen young people reported being legally in care, while 34 had left care at the time of identifying subjects. Some of the young people who were to be interviewed while they were still in care, were not actually seen till after they had left care. This was due to delays in recruitment and bureaucracy, or an unwillingness of the young person to be interviewed while still in care. Living arrangements were varied: 23 young people lived independently, either in a rented flat or in a room of their own. Three young people lived in Bed and Breakfast accommodation, while 17 were in hostels preparing for independent living, and one young woman lived with her

mother, while another lived with a friend. Three young people lived with their foster carers and two young people lived in a residential children's home. Table 2.6 summarises the sample characteristics. From the table it becomes clear that fewer than half the sample were in care, and that the majority had already left care. However, most of the young people out of care had only left care recently (i.e. under a year ago). Most of those in care were living semi-independently, rather than in foster or residential care, suggesting that the distinction between those legally in care and those who had left care was not so clear cut in terms of living arrangements.

Table 2.6: Table showing sample characteristics of in-care sample

Total sample	N=50
Gender	n=25 males n=25 females
Age	Mean=18 years and 4 months, S.D.=1.95 range 16-25
Legal status	16 in care 34 left care
Living arrangements	23 independent 17 semi-independent 3 Bed and breakfast 3 foster care 2 children's homes 1 with parent 1 with friend

### 2.6.2 Comparison sample

A total of 100 young people (36 males and 64 females) aged 16 to 19 (Mean: 17 years, S.D.=0.81) were included in the comparison group. All subjects were white. Young people were recruited from various settings, so that a cross-section of 'normal' 16 to 19 year olds was represented. All young people were recruited in one Local Authority in the South of England.

Employed young people were recruited through a local employer, who employed the highest proportion of 16 to 19 years olds in the city. After writing to and meeting the Local Area Manager, permission was given for questionnaires to be handed to staff during their breaks. This resulted in 10 young people taking part. No local figures on youth employment are available against which this group can be compared.

Some young people were recruited at the local Career's Office and this resulted in relatively few young people taking part in the study (ten out of 100). Permission had been sought by letter and after a meeting the Director of the Career's Service granted permission for recruiting young people who were waiting to see career's advisors. Most of the young people recruited here were unemployed. Local statistics show that 5.9% of males under the age of 20 and 10.7% of females aged under 20 were unemployed in the South East in 1991 (Regional Trends 1992). This group



may then be slightly over-represented in this sample since 10% of those recruited were in this position.

Most young people (80) were recruited through a local Youth Training Scheme, who offered day release and full-time courses on Business Administration, Caring, Engineering, and Hairdressing. Many of the young people were engaged in both training and employment. For administrative purposes the College of Further Education classed these students as full-time employed, while training on a day-release basis. Local statistics show that twenty five thousand young people were in Youth Training Schemes from 1990-1991 in the South East of England (Regional Trends 1992). The majority of young people aged under 20 are engaged in Youth Training work, which is reflected in this local sample.

Four young people had to be excluded on the grounds that they had spent time in care and so were not appropriate as members of the comparison group. This indicates that there was some overlap between the comparison group and the 'in-care' group. Two young people were excluded because they filled in nonsense answers and four more were excluded as they had left more than 10 questions on the Sources of Social Support Questionnaire for Adolescents unanswered.

Most young people fell in the III-M category of social class (skilled manual occupations), as described by the UK Registrar General's classification system (Coxon and Davies, 1986). Father's occupation was used as determinant of social class, unless a young person indicated that he /she lived with a single parent. In that case the occupation of this single parent (of either gender) was used.

It was not possible to measure the social class groups to which the young people in care belonged. If young people in care belong to their parent's social class, then data on parent's jobs would be needed to correctly assign them<sup>1</sup>. Many young people had no idea of where their parents lived, let alone what job they held, and so this kind of information was unobtainable. It is commonly assumed that young people in care come mainly from working class families (Packman, Randall and Jaques, 1986). As stated above, some young people had to be excluded on the grounds that they had similar experiences of care as the experimental group, which also serves as an indication that the comparison group was of a similar population as the 'in-care'

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<sup>1</sup> It was decided not to base social class on the young person's substitute carers' occupations for two reasons:

a. Most young people were not in a long-term placement and so the socio-economic status of a foster carer therefore seemed irrelevant.

b. Many young people were in residential care, or supported lodgings and it would be arbitrary to decide which carer to base their social class on.

group. This would suggest that they are fairly comparable in terms of social-economic status to the young people in the experimental care-group.

### **2.6.3 Materials**

#### **Social support**

The Social Support Measure for Adolescents developed on the basis of the interviews with the pilot sample was administered to the young people in care in a semi-standardised interview format. A copy is attached in Appendix 6. The SSMA consists of 27 questions tapping both emotional and practical support. Two questions were particular to specific groups: one question on the young people's experiences with social services, specific to those in care and one question specific to young women's health, and so specific to young women only. These questions were included in the SSMA for the young people in care, as both areas were shown to be of concern to young people in the pilot interviews and it was anticipated that these two questions might allow for information otherwise excluded.

The young people in the comparison group completed the questionnaire version of the Social Support Measure for Adolescents, which can be found in Appendix 7. The interview and questionnaire ask exactly the same questions. The young people in the comparison sample were expected to have enough verbal and reading skills to be able to complete the questionnaire version. It also seemed reasonable to expect that there would be few differences in results from the interview and questionnaire version, as Sarason, Shearin, Pierce and Sarason (1987) found that questionnaire and semi-structured interview formats of social support measures yielded similar findings.

#### **Biographical information**

As the two samples differed considerably in their biography, two different measures were constructed. The young people in care were asked details of their care experiences in an open-ended interview. Questions included where they had grown up, at what age and why they had entered care, and where they had spent their times in care. Further details were asked about their schooling and work experience. They were also asked about their family: whether they had contact with family members or not, and whether they got on with family members. Appendix 8 has a copy of the biographical interview schedule.

The comparison group was asked demographical details in questionnaire form. The questions covered their home life, school and work. The questions were similar to those asked of the in-care group, with the exception of care history related questions. See Appendix 9 for demography questionnaire.



#### **2.6.4 Procedure: in care group**

As seen before, access to this population of young people in care was problematic and resulted in a non-random sample. The young people recruited through Local Authorities were all contacted through the mediation of social workers, residential workers or foster carers. Meetings were arranged but often young people did not turn up. In such cases, a reminder letter was sent to ask the young people to participate again. The young people were met at times and places convenient to them. For some, this meant meeting in their home, others preferred to meet outside the home, in the researcher's office or in Social Services. The young people contacted through the London borough housing office, were sent an invitation by mail to take part in the study, with an SAE enclosed. It took several letters to arrange meetings. All these young people were interviewed in their own flat or room.

Anonymity and confidentiality were stressed at the start of the interview and the subjects were told the aims of the project. Subjects were told that if they felt uncomfortable during the interview, to ask for a time out. It was also stressed that if they wanted to pull out of the research completely, that this would be acceptable. Subjects were asked to give honest answers to all questions. The young people were first asked about their care histories in detail and after this they were asked to answer the questions on the Social Support Interview for Adolescents. The questions were read out to the young people, and at the same time the young people had a copy of the question in front of them. This way the young people could re-read the question if necessary. The interviews took on average one and a half hours, with one longer and one shorter exception. When the interview was completed, the participants were thanked and they were assured that if they wanted to get in contact after the interview to discuss further matters, they were welcome to do so.

#### **2.6.5 Procedure: comparison group**

Young people were asked whether they would be willing to participate in the research and a full outline of the research was given. The instructions to the young people were as follows:

- 1. I am asking you to take part in this research and your participation is voluntary. If you don't want to do it, that's fine.*
- 2. If you DO want to do it, then it's really important that you fill in the questionnaires honestly (ie don't make things up) and completely (ie don't skip a question).*
- 3. All information will be held in full confidence and anonymity. Your teachers / employer / trainer / benefit office will not get to see the forms, they are for my research only.*

4. *The aim of the research is to see how your answers compare to those given by a group of young people who were in care. For the comparison to be valid, you have to be a British Citizen to take part. You must also be in the 16 to 19 age group.*

The procedure varied according to the access awarded to the young people in various settings. In one workplace each young person entering the staff rest room was approached, asking them to take part in the study. This approach was not extremely successful and resulted only in 10 young people taking part.

One local Youth Training Scheme requested questionnaires to be sent to them, which were distributed by course managers. The questionnaires would then be returned by mail. Employers were hesitant for their employees to use their work time to fill in the questionnaires, and so not many questionnaires were returned: 4 out of 60.

In another local Youth Training Scheme the young people in day release lessons were asked to fill in the questionnaire there and then, after a brief introduction on the content of the questions. This was by far the most successful method, resulting in 86 participants.

#### **2.6.6 Coding and analysis of the Social Support Measure for Adolescents**

The completed interviews and questionnaires were coded categorically. All young people had the option of providing more than one source of support per question, as many potential sources had been named both in the pilot interviews. While the richness of data was of interest for the interview transcripts and subsequent qualitative analysis, this same bulk of material was unmanageable for statistical analysis. Further organisation of the data proved necessary. The re-organisation of the material meant, in practical terms, that the 54 potential categories of support as listed in full in Appendix 2 had to be reduced. Research into adolescence has shown that the distinction in support provided by friends and parents is crucial (Durkin 1995). As particularly parental support, carer support and friendship were of interest, preserving distinctions between for example mothers and fathers was seen as unnecessary. Conceptually, a distinction had to be made between parents and foster and residential carers, because although both categories can be seen as day to day carers, the quality of relationships with both could be very different. Foster and residential carers are not always substitute parents for a long period of a child's or young person's life (due to, amongst others, lengths of placements, turn over of children's home staff) and so the distinction between parents and foster and residential carers was necessary. Furthermore, a separate category was formed by all possible formal institutions which might be called upon for help, and of which 13 were mentioned by the young people in the pilot interviews. While this category was seen as useful particularly for those in the in-care group, it



was considered that young people in the comparison group too might need outsider help at some stage and so this category was seen as relevant to both samples. Further separate categories were drawn up for partner support, other relatives and 'other' sources. These categories again had their basis in the pilot interviews, in which partners were often mentioned, and in which over 6 different types of 'other' sources were mentioned who were all somehow tied to the individual, usually through another person (e.g.: boyfriend's or friend's parents). Other relatives merited a category of their own, as over 15 different types of family relationships were mentioned.

In all, seven mutually exclusive, and exhaustive categories were devised to cover all possible support providers. Distinctions between parental support, relatives, friends, and partners were considered necessary as these different relationships are often cited in the literature on adolescent socialisation (Durkin 1995). The social support literature frequently uses up to nine categories of support providers. For instance, Norbeck (1984) lists: 1) spouse or partner; 2) family members or relatives; 3) friends; 4) work or school associates; 5) neighbours; 6) health care providers; 7) counsellor or therapist; 8) minister, priest or rabbi; 9) other. Furthermore, the coding categories used here do not differ much from those used in Dutch research on young people leaving residential care (Smit 1993), providing justification for their usefulness with this particular type of sample. Appendix 2 gives details of support sources mentioned in the pilot study, which was reported on earlier, and of Smit's (1993) support categories for comparison. Table 2.7 below shows the seven types of support sources. The sources were coded as 0 or 1, where 0 meant 'not applicable' and 1 mean 'applicable'. Missing values were coded as 9999999.

Table 2.7: Table showing seven coding categories used in coding the SSMA

1	parents, including step and adoptive parents
2	other relatives, including siblings and own children
3	friends
4	partner, boy friend, girl friend, spouse
5	foster or residential carer
6	social worker, other formal agencies
7	other sources

All 27 questions were coded with seven digits (combinations of noughts and ones, or seven nines), resulting in 175 variables. The data are not ordinal, like a Likert scale, rather they are nominal, as there is no ascending scale from parents to other sources. The coding was carried out by the researcher. No inter-rater reliability was calculated, as the coding here does not constitute a judgement (Everitt 1996).

Prior to data analysis the data were scrutinised using a specially written Fortran programme, which checked that the values of the variables were within legitimate bounds. When faults were found, the coding of the data was amended. The data were analysed using BMDP and SPSS PC+ programmes, and Excel worksheets. BMDP and SPSS PC+ were used to calculate descriptive

statistics, Pearson correlations, Analyses of Variance,  $X^2$  tests and *t*-tests,  $\kappa$  values of reliability, cluster analyses and discriminant analysis. Excel was used to produce graphs and frequency tables.

In the next chapter the results on the Social Support Measure for Adolescents will be discussed more fully, with an emphasis on the differences between young people with, and those without, care experiences. Furthermore, support from specific types of sources, such as friends and partners will be discussed in more detail, as not much is known about friendships and partnerships of young people in care.



## Chapter 3: Results: Demographical details

### 3.1 Introduction

In this chapter the demographical details of the two samples will be presented, focusing on the age, gender division, education and living arrangements of the young people. Afterwards, the care histories of the young people in the in-care group will be discussed. This section contains details of the young people's age when entering care, for which reason they entered care, when they left care, and some further information on their satisfaction with their care experiences. Chapter 4 will address the findings on the social support measure, and interactions between social support and demographical variables.

### 3.2 Demography: comparing in care with comparison group

Here gender, age and other demographical information of the comparison group and the in-care group will be considered.

The two samples were similar in their proportions of males and females. The young people in the in-care group were equally divided into males and females (25 in each group, total 50 young people), while the young people in the comparison group were split into 36% males and 64% females. This difference was not statistically significant. The young people in the comparison group were however significantly younger ( $M=17$  years,  $S.D.=0.81$ ) than those in the in-care group ( $M=18.4$  years,  $S.D.=1.95$ ;  $t =6.22$ ;  $p<0.001$ ).

The young people were asked how many schools they had attended, as it was anticipated that those in care would have experienced greater disruption at home as well as at school, than those in the comparison group. Overall, both groups of young people mentioned on average attending three schools in total, and the two groups did not differ significantly in this respect. However, when the young people were compared on the total number of secondary schools they had attended, it became clear that the young people in the in-care group experienced significantly more schools ( $M=2.09$ ,  $S.D.=1.4$ ) than the young people in the comparison group ( $M=1.13$ ,  $S.D.=0.46$ ;  $t =-3.86$ ,  $p<0.001$ ). This findings suggests that as young children, the in-care group experienced relative stability at school, but that school instability increased with their age. No significant correlations were found with the age of entry into care, the age of leaving care, and the number of placements experienced.

The education levels of the two groups varied significantly too, in that the majority of the young people in the comparison group (N=88 or 88%) reported having at least one or more GCSE level qualifications, compared to about a quarter of those in the in-care group (N=24 or 48%;  $X^2=27.606$ ; 1 d.f.;  $p<0.001$ ). In addition, the young people in the comparison group reported having significantly more GCSE's (M= 6.00; S.D.=3.410) than the in-care sample (M=1.33; S.D.=2.011;  $t =9.47$ ,  $p<0.001$ ), suggesting that the young people in the comparison group were better qualified than the young people with care experiences.

When the young people were asked which type of education they were currently involved in, 38% of those in the in-care group were studying for GCSE's, while 16% were at a College of Further Education, mostly attending vocational courses. The comparison group were nearly all attending, but had not yet completed, day release or full-time vocational courses at College of Further Education level. Two young people in the in-care group were more highly qualified than the comparison group members: one young woman in the in-care group was taking A-levels and two young people were attending University.

About half the young people in each group (N=26 or 52% of those in care, and N=40 or 40% of those in the comparison group) had experienced periods of being out of work and there were no statistically significant differences between the groups here ( $X^2=1.431$ ; 1 d.f.;  $p=0.2316$  N.S.; seven cases had missing data). In both groups the minority were in full-time employment, but significantly more young people in the comparison group (n=33 or 33%) were in a full-time job, compared to the in-care group (n=8 or 16%;  $X^2=3.922$ ; 1 d.f.;  $p=0.0476$ ; two cases had missing data). Another third (32%) of the comparison group said they were in part-time employment, compared to only 12% of the in-care group and this difference was also statistically significant ( $X^2=6.192$ ; 1 d.f.;  $p=0.0128$ ; one case missing).

There were large differences in living arrangements between the young people with care experiences and those in the 'normal' sample. About three quarters of the young people in care (40 out of 50: 80%) were living either independently (in their own rented flat or apartment) (23) or in a semi-independent set-up (e.g. supported lodgings, half-way house) (17). Three young people lived with their foster carers and two young people lived in a residential children's home. Three young people lived in Bed and Breakfast accommodation, one young woman lived with her mother, while one other person lived with a friend. See Table 3.1 below for details.



Table 3.1: Comparing young people's living arrangements: frequencies of those in care and in the comparison group

Living arrangement	in-care	comparison
independent	21	9
semi-independent	20	0
with foster carers	3	0
in residential home	2	0
B&B	3	0
with both parents	0	61
with mother	1	12
with father	0	6
with mother and stepfather	0	6
with father and stepmother	0	2
other or missing data	0	4
<b>total</b>	<b>50</b>	<b>100</b>

The majority of young people in the comparison group on the other hand lived with both parents (61), while a minority lived with mother alone (12), father alone (6), mother and stepfather (6) and father and stepmother (2). That means that 87 young people in the comparison group lived in families with at least one biological parent. Very few young people lived alone or with a partner (4). Living alone was significantly related to the young people's ages in the total sample of young people (N=150), with the older people being more likely to live alone than the younger ones (Contingency Coefficient=0.61,  $p < 0.001$ ).

The young people in care were not asked about their socio-economic status, but previous research has suggested that children enter care mostly from deprived, working class backgrounds (Quinton and Rutter 1985). The comparison group was asked about their parents' employment to ascertain whether the two groups were roughly similar in this respect. As outlined in the method chapter, (Chapter 2) it already became clear during the recruitment of the comparison sample that four of the young people had experienced time in care and these young people were eliminated from the sample. The young people were asked to provide their father's job, and this description was later compared with the UK Registrar General's classification system (Coxon and Davies, 1986). Table 3.2 below gives details of the breakdown of types of jobs reported by the young people, together with the national figures of white men, aged 16 and over in employment in 1991. The table shows that the comparison group sample contained considerably fewer fathers with intermediate occupations (17.9%) than found in the general population (27.6%). In addition, more of the

young people reported their fathers having a non-manual skilled job (42.3%) than is common in the general population (32.4%). The majority of the young people reported their parents having manual or non-manual, skilled or partly skilled jobs (III-Manual, III-Non-Manual, IV part skilled) as classified in the UK Registrar General's classification system, suggesting that the young people in the comparison group came mostly from working class backgrounds. Table 3.2 shows the socio-economic status reported by the young people, and it is compared against the national statistics on occupation and social class.

Table 3.2: Table showing distribution of socio-economic status of the young people in the comparison group, based on father's occupation (N=100), compared to national census data as reported in Peach (1996).

Category	Frequency	Percentage <sup>1</sup>	National comparison <sup>2</sup>
I Professional: e.g. accountant, doctor, judge	4	5.1	6.7
II Intermediate occupation: e.g. farmer, manager, publican, nurse	14	17.9	27.6
III(N) Skilled occupations, non-manual: e.g. shop assistant, cashier, clerical worker	10	12.8	11.3
III(M) Skilled occupations, manual: e.g. bus driver, hairdresser, carpenter, brick layer, cook	33	42.3	32.4
IV Partly skilled occupations: e.g. bus conductor, hospital orderly, packer, postman	14	17.9	16.3
V Unskilled occupation: e.g. cleaner, labourer, security guard	3	3.8	5.7
7. missing data	22	-	0

<sup>1</sup> Percentage based on the 78 known occupations, excluding missing data.

<sup>2</sup> Based on the 1991 census data reported in Peach (1996).

In the next section the sample of young people with care experiences will be described in more detail.

### 3.3 Care histories: in care only

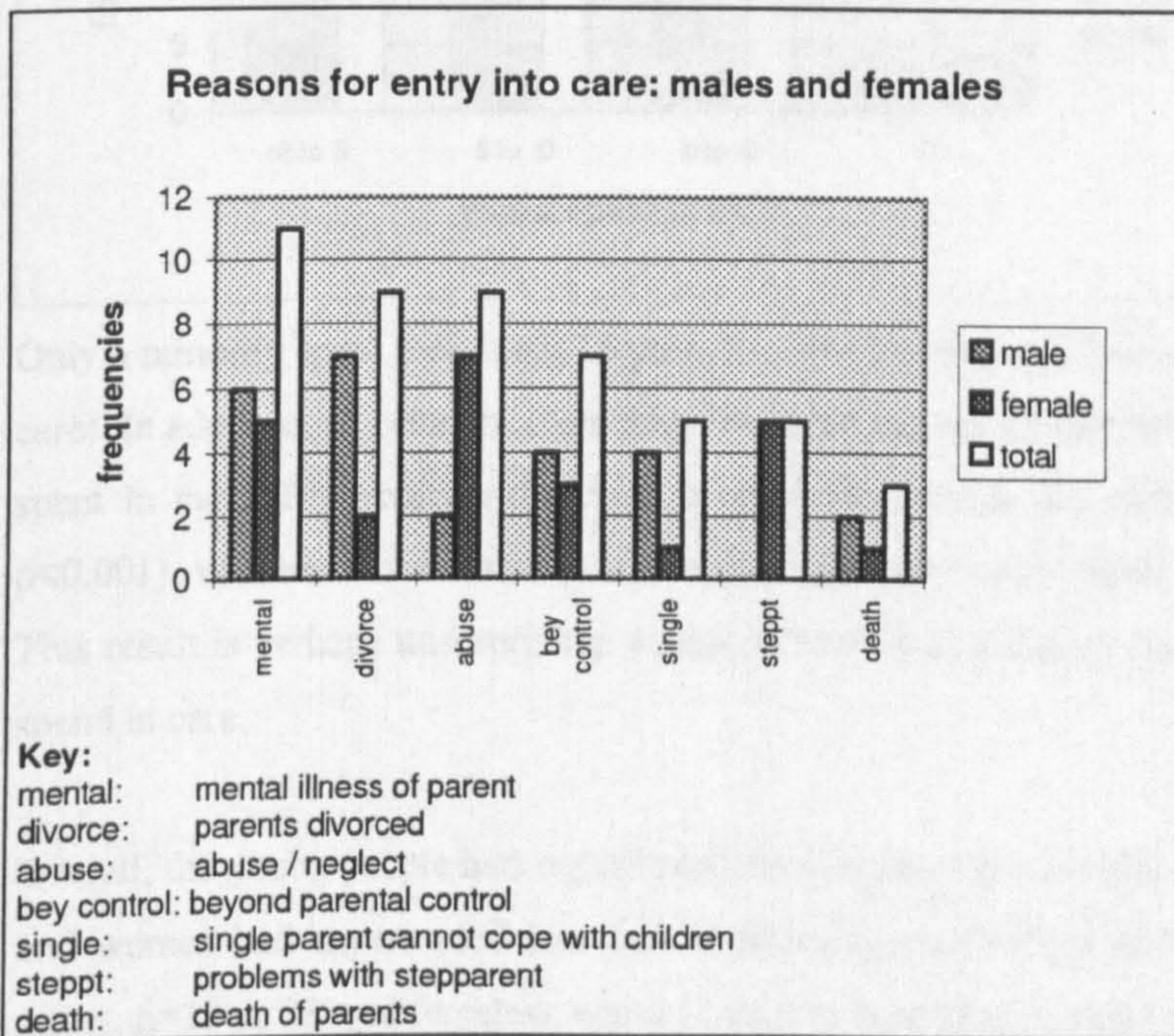
The young people's reported average age of entering care and leaving care, as well as their reported number and types of placements experienced, will be addressed in this section.

The young people reported a Mean age of entering care of 9.96 years, with ages of entry ranging from a few weeks to 17 years (S.D.=4.69). The median age of entry was 11 years. No significant differences were found in the ages of entry into care between the males and females in the sample. Reasons for entry between males and females did differ significantly. More females than males entered care as a result of poor relationships with step-parents, and more females entered due to abuse or neglect, while more males reported entering care because of divorce and their single parent not being able to cope with the care of children ( $X^2=12.908$ ; 6 d.f.;  $p=0.0445$ ). The most common reasons young people entered care were parental mental illness (11 young people;



22%), parents' divorce (nine young people; 18%) or abuse and / or neglect of their care by their parents (nine young people; 18%). Figure 3.1 shows a histogram of frequencies and reasons for entry into care. The majority of young people thus reported entering care due to inadequate parental care, while only seven (=14%) young people mentioned entering care due to their own bad behaviour. An additional five young people (10%) reported entering care due to persistent arguments with step-parents.

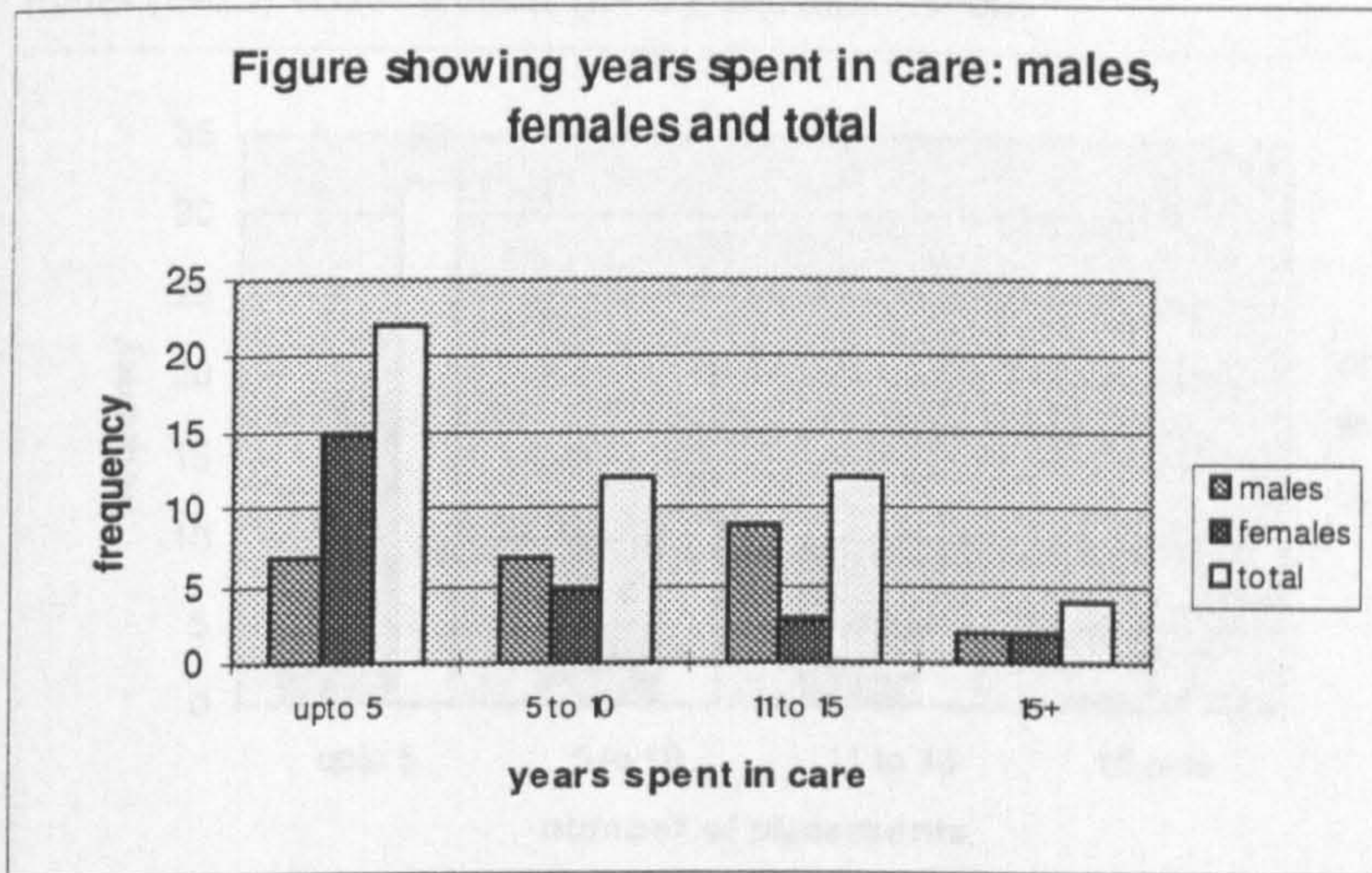
Figure 3.1: Figure showing the numbers of young people reporting entering care for the various reasons: males, females and totals.



The Mean length spent in care was 7.34 years overall, with a standard deviation of 5 years. Males spent an average of 8.96 years in care (S.D.=4.783) while females spent an average of 5.72 years in care (S.D.=4.766;  $t=2.40$ ,  $p<0.05$ ). In particular, more males than females spent longer than 8 years in care (14 males and 5 females; 28% and 10% respectively) which is statistically significant at the  $p<0.01$  level ( $X^2=5.433$ , 1 d.f.,  $p=0.0087$ ). The majority of young people had spent less than 10 years in care (80% of the females and 56% of the males). Figure 3.2 gives details of the time spent in care, comparing males and females. When these figures are examined more closely it appears that more than half the females spent less than five years in care (60%) while only 28% of males spent under 5 years in care.



Figure 3.2: Figure showing number of years the young people spent in care (N=50).

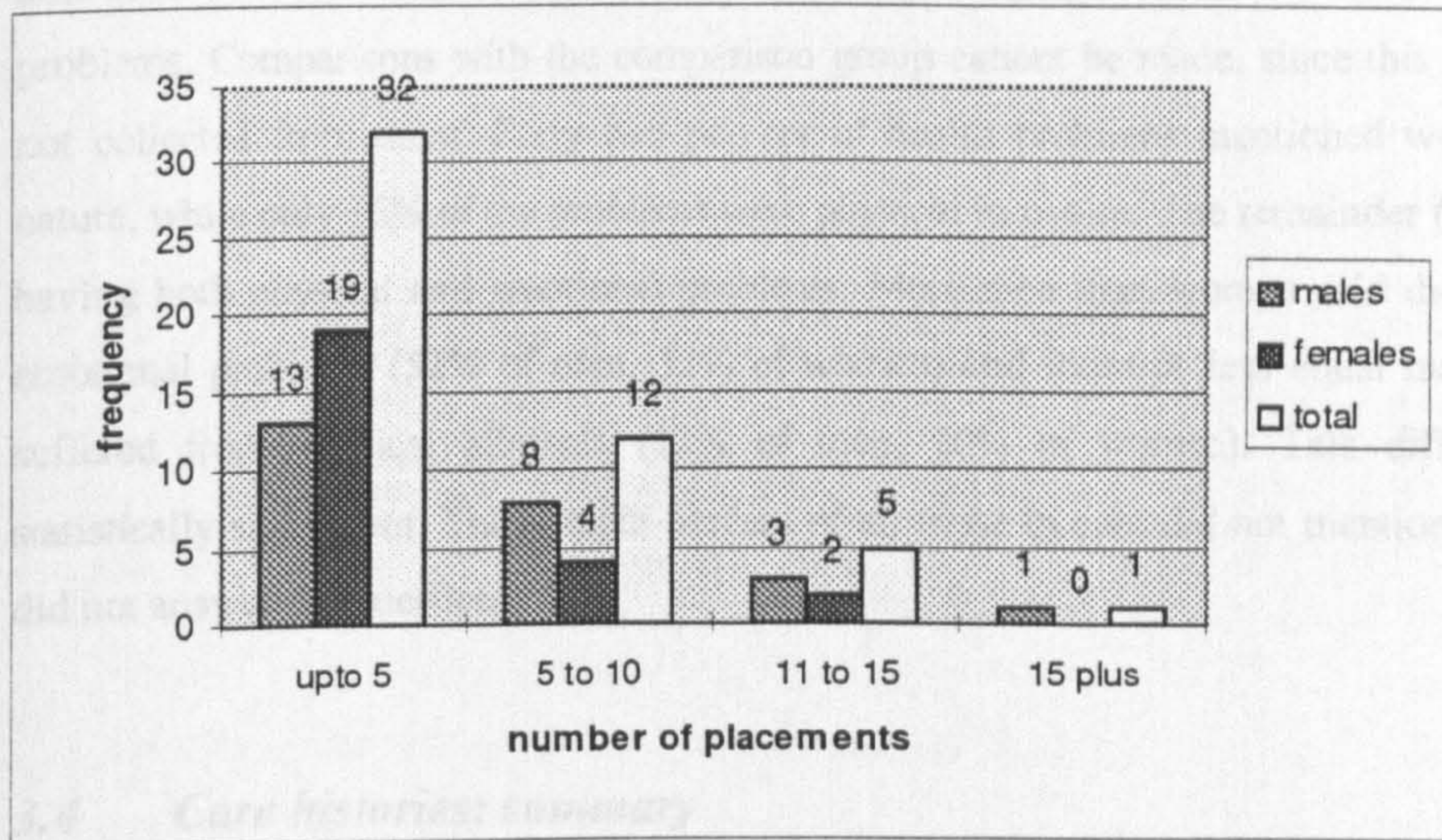


Only a minority spent more than 15 years in care (2 males and 2 females, or 8% of the people in care). In addition, correlations were found between the age of entering care and the length of time spent in care. The younger the child entered care, the longer they spent in care ( $r=-0.9374$ ,  $p<0.001$ ), whereas those entering at a higher age, were more likely to spend less time in care. This result is perhaps unsurprising, as those entering at a higher age, also have less time left to spend in care.

Overall, the young people had experienced on average 6 placements (5.96, S.D.=4.2). Most men and women had experienced less than 5 placements (N=32 or 64% overall; n=13 or 26% of males, n=19 or 38% of females), while a minority had been in more than 10 placements (N=6 or 12% in total; n=4 or 8% of males, and n=2 or 4% of females). Men experienced significantly more placements (M=7.16; S.D.=0.90; range 5 - 9) than women (M=4.76; S.D.=0.71; range 3 - 6;  $t = 2.09$ ,  $p=0.0423$ ). Figure 3.3 compares males' and females' numbers of placements. The number of placements was positively correlated with the number of years spent in care ( $r=0.37$ ,  $p<0.01$ ), suggesting that the longer the young people were in care, the more placements they experienced, suggesting that the young people did not live in a few long-term placements. As the men experienced on average more placements, and more years in care than the women, they would also have encountered more changes in relationships and carers, than the females.



Figure 3.3: Figure comparing the number of placements reported by the young people in care: males (n=25) versus females (n=25), and total (N=50)



The majority of the young people had experienced both residential and foster care (58%), while 16% of females had experiences of foster care only, compared to none of the males. Residential care only was experienced by roughly a third of males (32%) and females (36%). These differences in placement experience were not statistically significant.

The majority of young people left care at or before the age of 18 (68%), while a minority (8%) left after the age of 18 (3 men and 1 woman). No significant differences between the sexes was found. The remaining 24% of young people were still in care.

When asked whether they were satisfied with their time in care, 38% said they were, 58% said they were not, and two people (4%) said they were both happy and unhappy about their time in care. Men and women were very similar in these judgements, and no statistical difference was found between older (17 years and over) and younger (i.e. up to 17 years) adolescents ( $X^2=3.233$ ; 1 d.f.;  $p=0.0722$  N.S.; two cases missing). Similarly, length of time spent in care did not affect the satisfaction of the young people in care either ( $X^2=1.694$ ; 1 d.f.;  $p=0.1931$  N.S.; two cases missing).

Nine young people in the in-care group (n=8 young women, n=1 young man) were parents at the time of the interview or were pregnant and expecting to have a baby in the near future. This accounts for 18% of the sample.



Two thirds of the in-care sample reported having health problems of some kind (64% of women and 68% of men). There were no significant differences between the sexes in reporting health problems. Comparisons with the comparison group cannot be made, since this information was not collected from them. Forty two percent of health problems mentioned were emotional in nature, while only 16% of the problems were physical in nature. The remainder (42%) mentioned having both physical and emotional problems. More men than women said they suffered from emotional problems (52% of men, 32% of women) and more or less equal numbers said they suffered from physical ailments (12% of men, 20% of women). This difference was not statistically significant. Thirty eight percent of all those in care did not mention any problem or did not answer the question.

### **3.4 *Care histories: summary***

In summary, the young people in care spent on average roughly seven years in care, in six placements on average, and they left care at or near their 18th birthday. Men experienced more placements than women, and men were more likely than women to have spent eight years or more in care. The findings indicate that the young people were unlikely to have spent their time in a few ongoing placements, instead most young people experienced great changes in their daily lives and relationships while in care. Most young people lived independently, or semi-independently at the time of the study. Nearly forty percent of the young people reported being unhappy about their time spent in care and two thirds of the sample reported having either emotional or physical problems, or both. Nearly 20% of those interviewed were expecting a baby or already had children of their own. The young people had thus experienced a high level of disruption in childhood and in adolescence, and what's more, they were not altogether content with the quality of their time in care. In particular, young men appeared to have experienced most upheaval in placements and carers.

The next chapter will address the sources of support mentioned by the young people on the SSMA, comparing the young people in care with those in the non-care group. It will become clear that spending time in care is associated with particular aspects of social support, namely the size of social network and the specific providers of social support.



## Chapter 4: Social support: Whom do the young people turn to for what type of problem ?

### 4.1 Introduction

This section of results is concerned with the findings on the SSMA. In the first instance, the total sample of N=150 was included in statistical analysis. The total sample consists of 50 young people with care experience, and of 100 young people in the comparison group. The data below describe the young people of both groups and their support sources, per type of support.

### 4.2 Cluster analyses on subsets of data (N=150)

As a preliminary step in examining young people's reported sources of social support, the categorical data measuring source and type of social support for both groups were entered into a *K-Means Cluster analysis* using BMDP (Engelman and Hartigan 1990). *K-Means cluster analyses* on subsets of data, using both the young people in care, and those in the comparison group, revealed the relationships between *types* of support and *sources* of support. It was anticipated that certain types of support might be provided by specific sources of support, regardless of the young people's group membership to the in-care or comparison group. In addition, clustering both cases and variables (Dixon 1992) would show how both the cases, or different young people clustered together, and which support variables clustered together. This would identify not only the inter-relationships between variables, but also whether group membership to the in-care or comparison group contributed to the clustering process. First, the results on particular sources of support will be presented (i.e. parents, friends and partners), after which subtypes of support (i.e. emotional and practical support) will be discussed, together with the items which contributed most to the clustering. Those variables with the highest *F*-ratio's are most instrumental in determining the cluster content (Engelman and Hartigan 1990). The *F*-value is similar to the *F*-value calculated in Analyses of Variance, and describes the amount of variance explained by each variable (Dixon 1992).

Clustering was carried out for parent support only, partner support only and friendship only. The other subsets of data on support providers (foster and residential carers, social workers, and 'other' sources) were too small to carry out such analysis. These categories of support contained a high level of missing data over the 150 subjects, as they were mostly not applicable to the young people in the comparison group (N=100). The total 27 items were used in the parental support, partner support and friendship analyses.

The cluster analyses on parent support, partner support and friendship support all show that large proportions of young people in care in each analysis, are subsumed in clusters with very low support scores. In the case of parental support, 78% of all young people with care experiences were found in the cluster with the lowest values (n=39). For partner support, this proportion had reduced to 54% (n=27), while only 28% (n=14) of those young people with care experiences were contained in a cluster of low, non-specific values for friendship support. These findings suggest that the young people in care do not in fact receive the same amount and quality of support from parents, partners and even friends as do those in the comparison group. The findings of the cluster analyses will be discussed fully below.

When the 27 parental support items were cluster analysed (see Table 4.1), five separate clusters emerged. The first cluster appeared to cover wide ranging day to day emotional and practical support for the majority of young people in the comparison group. The supportive items contained in this cluster suggest a parent-child relationship encompassing both emotional and practical aspects, where the young people are able to fall back on their parents regardless of the severity and nature of their problem. The young people appear to have trust and confidence in their parents ability and willingness to offer help. In addition, the cluster suggests a sharing of happy events too, indicating that parental support for this group of people is not just characterised by help when in need, but also by ongoing positive exchanges. The second cluster contains only young people in the comparison group who receive love and practical support in help finding a job. This suggests young people in the comparison group either have faith in their parents to help them find a job, or that young people in the comparison group see their parents as having adequate power and social status to help in this respect. The third cluster shows very low values for all types of support and contains 78% of the young people of the in-care group (equal proportions of males and females), indicating a lack of parental support for this group. The cluster appears to have been formed mainly on the basis of the proximity of the young people, (i.e. the clustering of cases, rather than variables), and suggests that low levels of emotional and practical support are present in this cluster of parent-child relationships. The fourth cluster consists of 12 young people in the comparison group who love and like their parents and who would turn to them for practical support. This cluster contains mainly females, and indicates a loving relationship with parents, who are also providers of tangible favours. The final fifth cluster, while mainly an affiliative cluster, contains 20 young people (8 in care and 12 in the comparison group) who love and like their parents, suggesting that there is a sub-group of young people with care experiences who have built up a loving relationship with their parents. However, in contrast with cluster 4, no other SSMA items are subsumed under this cluster, suggesting that although a loving relationship is present, no other behavioural manifestations of this love are



evident in the parent-child relationship. The implications of these findings are that the young people in the in-care group cannot rely on their parents for supportive behaviours as do the young people in the comparison group, and that trust and faith in parents' support, and even love, is lacking from these relationships. Those young people who have built up a loving relationship with their parents can be seen to differ from the comparison group in the content of this relationship, highlighting the possibility that 'love' may have a different meaning for both these groups.

Table 4.1: Table showing results of cluster analysis: parent support only (N=150)

Cluster	SSMA items in cluster	sample in cluster
Cluster 1	trust 2: who do you trust to show a personal letter for them to check over?	N=37
	love 1: who loves you no matter what?	n= 2 in care
	reassurance 1: who would reassure you if people were spreading malicious gossip about you?	n= 35 comparison group
	empathy 1: who can you talk to if you have had an argument with your partner?	n= 26 females
	empathy 5: if you were happy, who would you want to talk to?	n= 11 males
	like 1: who would you buy gifts for	
	tangible 4: who would help filling in forms?	
	tangible 5: who would lend a small amount of money?	
	notice 3: Who would notice if you were ill?	
	notice 4: Who would notice if you were sad?	
informational: Who would help you find accommodation?		
Cluster 2	trust 2: who do you trust enough to show them a personal letter for them to check over?	N=25
	love 1: who loves you no matter what?	only comparison group
	tangible 3: if you needed help finding a job, who would you ask?	n=16 females n=9 males
Cluster 3	very low values for all items	N=56
		n=39 in care n=17 comparison group
		n=24 females n=32 males
Cluster 4	love 1: who loves you no matter what?	N=12
	like 1: who would you buy gifts for	comparison group only
	tangible 4: who would help filling in forms?	n=10 females
	tangible 5: who would lend a small amount of money?	n=2 males
	notice 3: Who would notice if you were ill?	
Cluster 5	love 1: who loves you no matter what?	N=20
	like 1: who would you buy gifts for	n=8 in care n=12 comparison group
		n=13 females n=7 males

The amount of variance contributed by the variables is described by the *F*-ratio, and Table 4.2 below shows the *F*-ratio's and associated *p*-values for the variables contributing most to the clustering process. Five items did not reach significance in the parental clustering support,

suggesting that these do not form part of the parent-child relationship. After a row with a parent, the parent is the least likely person to talk the problem over with, while pregnancy scares were not discussed with parents either. Furthermore, references were not generally obtained from parents, and parents were not the most likely people to just have a chat with. Finally, problems with social services could not be resolved with parent support. These items suggest that other people are responsible for these types of support, and below it will become clear who is most likely to provide them.

Table 4.2: Table showing *F*-ratio's and *p*-values associated with cluster analysis of parental support

item	<i>F</i> -ratio	<i>p</i> <
notice 4: Who would notice if you were sad?	47.286	0.001
notice 3: Who would notice if you were ill?	45.458	0.001
reassurance 1: who would reassure you if people were spreading gossip about you?	39.981	0.001
love 1: who loves you no matter what?	35.084	0.001
empathy 1: who can you talk to if you have had an argument with your partner?	34.722	0.000
empathy 5: if you were happy, who would you want to talk to?	32.278	0.001
like 1: who would you buy gifts for	31.311	0.001
tangible 5: who would lend a small amount of money?	30.238	0.001
notice 1: who would notice a good mood	24.845	0.001
trust 2: who do you trust enough to show a personal letter for them to check?	28.193	0.001
tangible 3: if you needed help finding a job, who would you ask?	21.422	0.001
tangible 4: who would help filling in forms?	27.192	0.001
reassurance 3: who would reassure you about periods? ( <i>girls only</i> )	19.821	0.001
acceptance 1: who do you tell good news to?	18.287	0.001
reassurance 2: who would reassure you about your clothes?	15.573	0.001
acceptance 2: who would listen to you while you were in a bad mood?	16.194	0.001
love 2: who would bend over backwards to help you?	15.457	0.001
informational Who would help you find accommodation?	14.967	0.001
trust 1: who do you trust enough to tell a personal problem?	14.840	0.001
notice 2: who would notice if you were in trouble?	6.718	0.001
like 2: who would you take on holiday with you?	6.045	0.001
tangible 1: who would help you with a bed for the night?	3.242	0.05
empathy 3: who could you phone for a chat any time?	1.615	N.S.
conflict: if you had a row with your parents / carers, who could you talk to?	1.236	N.S.
empathy 2: who can you talk to if you / your partner might be pregnant?	0.920	N.S.
tangible 2: who would you ask a reference for a job?	0.813	N.S.
empathy 4: if you wanted to talk to someone about social services, who would you talk to? ( <i>in care only</i> )	0.413	N.S.

When the 27 partner support variables were clustered (see Table 4.3 for results of the cluster analysis) a similar cluster configuration arose, with one of the clusters showing very low values all round and containing just over half of the young people in the in-care group (54%).

The first cluster contained 23 young people (6 in care, and 17 in the comparison group) who relied on partners for emotional, sharing support, and who wished to spend time with their partners. This cluster contained mainly females (18 out of 23), and mainly comparison group



members, suggesting that these young women seek a sharing relationship, intimate relationship with their partners. The second cluster was smaller (N=9, 4 in comparison group, 5 in care) and was characterised by young people showing their affection by buying gifts for their partners. This cluster was small, but nevertheless demonstrated the need of a small group of young people to give to their partners. No other items clustered well here, suggesting that the young people in this cluster are low on exchanges, and rather give than receive. The third cluster was comprised of mainly young people in the comparison group (n=16, n=1 in care). The young people in this cluster demonstrated sharing and companionable partner relationships, with a strong element of relational exchange, but only one young person with care experiences was contained in this cluster, suggesting that this type of sharing partner relationship is unusual in this sample. The fourth cluster had low values, and was where 54% of all the young people in care, and 51% of those in the comparison group were found. The cluster contained most of the total sample (N=78 or 52% of the sample) and suggests that the young people do not have the trust in their partners, or the confidence in themselves, to turn to their partners for either emotional or practical support. It is possible that these partnerships have not yet developed into sharing and exchanging relationships, and so this cluster may contain those young people in the early stages of romantic partnership.

Table 4.3: Table showing results of cluster analysis: partner support only (N=150)

Cluster 1	trust 1: who do you trust enough to tell a personal problem?	N=23
	love 1: who loves you no matter what?	n= 6 in care
	acceptance 1: whom do you tell good news to?	n= 17 comparison group
	empathy 3: who could you phone for a chat any time?	n= 18 females
	like 1: who would you buy gifts for	n= 5 males
	like 2: who would you take on holiday with you?	
Cluster 2	like 1: who would you buy gifts for	N=9
		n=5 in care
		n=4 comparison group
		n=7 females
		n=2 males
Cluster 3	empathy 3: who could you phone for a chat any time?	N=17
	like 1: who would you buy gifts for	n=1 in care
	like 2: who would you take on holiday with you?	n=16 comparison group
		n=11 females
		n=6 males
Cluster 4	very low values for all items	N=78
		n=27 in care
		n=51 comparison group
		n=41 females
		n=37 males
Cluster 5	empathy 5: if you were happy, who would you want to talk to?	N=23
	like 2: who would you take on holiday with you?	n=12 in care
	notice 1: Who would notice a good mood?	n=11 comparison group
	notice 4: Who would notice if you were sad?	n=12 females
		n=11 males

The fifth cluster (N=23, n=12 (24%) in care and n=11 (11%) young people in the comparison group) was characterised again by emotional support, and contained partners noticing sadness, good moods and illness. This cluster thus focuses on sharing, day to day monitoring support, and companionship, and contains a higher percentage of young people with care experiences than of young people in the comparison group, suggesting that this type of day to day support is more apt for this group.

The assignment to clusters was determined by the amount of variance accounted for by all variables, which is based on the *F*-ratio's. Table 4.4 is presented below with details of significant *F*-ratio's and their p-values. Five items failed to reach significance, even though two of those items involved partners: the question on pregnancy and having a row with partners. It seems that the young people would prefer to discuss such matters with other people, rather than their partner, even if these problems concern their partner.

Table 4.4: Table showing *F*-ratio's and p-values associated with cluster analysis of partner support

item	<i>F</i> -ratio	p<
like 2: who would you take on holiday with you?	71.187	0.001
like 1: who would you buy gifts for?	63.079	0.001
notice 1: who would notice a good mood?	54.566	0.001
empathy 3: who could you phone for a chat any time?	51.017	0.001
empathy 5: if you were happy, who would you want to talk to?	51.323	0.001
acceptance 1: who do you tell good news to?	48.204	0.001
notice 4: Who would notice if you were sad?	38.212	0.001
trust 1: who do you trust enough to tell a personal problem?	34.677	0.001
love 1: who loves you no matter what?	27.629	0.001
notice 3: Who would notice if you were ill?	26.847	0.001
conflict: if you had a row with your parents / carers, who could you talk to?	21.810	0.001
tangible 1: who would help you with a bed for the night?	17.409	0.001
love 2: who would bend over backwards to help you?	16.973	0.001
tangible 5: who would lend a small amount of money?	13.045	0.001
acceptance 2: who would listen to you while you were in a bad mood?	15.099	0.001
reassurance 2: who would reassure you about your clothes?	12.128	0.001
informational: Who would help you find accommodation?	12.978	0.001
reassurance 3: who would reassure you about periods? ( <i>girls only</i> )	12.001	0.001
notice 2: who would notice if you were in trouble?	11.977	0.001
reassurance 1: who would reassure you if people were spreading gossip about you?	9.868	0.001
trust 2: who do you trust enough to show a personal letter for them to check?	5.578	0.001
tangible 4: who would help filling in forms?	2.646	0.05
empathy 2: who can you talk to if you / your partner might be pregnant?	2.180	N.S.
tangible 2: who would you ask a reference for a job?	2.109	N.S.
empathy 1: who can you talk to if you have had an argument with your partner?	1.626	N.S.
tangible 3: if you needed help finding a job, who would you ask?	1.690	N.S.
empathy 4: if you wanted to talk to someone about social services, who would you talk to? ( <i>in care only</i> )	1.089	N.S.



The cluster analysis of friendship support, again based on 27 variables, shows a pronounced gender effect. Table 4.5 gives details of the cluster analysis. The first cluster (N=40, n=8 in care and n=32 in the comparison group) contains emotional support items, with a strong emphasis on affiliation and sharing. This cluster contains more females (32 out of 40, or 80%) than males (8 out of 40, or 20%). There is also a higher proportion of young people from the comparison group (n=32 or 32%) than from the in-care group (n=8 or 16%) in this cluster. The cluster is characterised by friends sharing and talking to each other, about both happy and unhappy events. These findings suggest gender differences in the content of young people's friendships.

Table 4.5: Table showing results of cluster analysis: friendship support only (N=150)

Cluster 1	trust 1: who do you trust enough to tell a personal problem?	N=40
	reassurance 2: who would reassure you about your clothing?	n= 8 in care
	acceptance 1: whom do you tell good news to?	n= 32 comparison group
	acceptance 2: who would listen to you when you are in a bad mood?	n= 32 females
	empathy 1: who can you talk to if you have had an argument with your partner	n= 8 males
	empathy 5: if you were happy, who would you want to talk to?	
	like 2 holidays	
	tangible 1: if you needed a bed for the night?	
empathy 2: who can you talk to if you are afraid you (or your girlfriend) might be pregnant?		
Cluster 2	tangible 1: who would help you if you needed a bed for the night?	N=24
		n=7 in care
		n=17 comparison group
		n=4 females
		n=20 males
Cluster 3	empathy 3: who could you phone for a chat any time?	N=32
		n=12 in care
		n=20 comparison group
		n=19 females
		n=13 males
Cluster 4	trust 1: whom do you trust enough to discuss a personal problem	N=24
	empathy 1: who can you talk to after an argument with your partner	n=9 in care
		n=15 comparison group
		n=17 females
		n=7 males
Cluster 5	very low values for all items	N=30
		n=14 in care
		n=16 comparison group
		n=17 females
		n=13 males

The second cluster on the other hand (N=24, 7 in in-care group and 17 in comparison group) is male dominated: 20 of its 24 members are males (83%), whereas only 4 out of 24 are females. This cluster contains only one item of practical support: friends providing a bed for the night.

While this cluster contains only one practical support variable, 24 cases are subsumed in this cluster, suggesting that mainly males, in the comparison group construe friendship in a markedly different manner than the females did. The third cluster (N=32, 12 in care and 20 in comparison group) concerns empathy support, with a mix of males and females. The fourth cluster is again female dominated (17 out of 24) and contains both young people from the in-care group (n=9) and the comparison group (n=15). The items included here concern talking to partners when faced with a personal problem, or after an argument. The fifth cluster shows very low values for all items. There are 30 cases included in this cluster (14 in care, and 16 in the comparison group) and again the gender mix is roughly even (17 females and 13 males out of 30). Table 4.6 shows the *F*-ratio's of all variables in the friendship cluster analysis.

Table 4.6: Table showing *F*-ratio's and p-values associated with cluster analysis of friendship support

item	<i>F</i> -ratio	p<
empathy 1: who can you talk to if you have had an argument with your partner?	43.398	0.001
trust 1: who do you trust enough to tell a personal problem?	41.523	0.001
empathy 5: if you were happy, who would you want to talk to?	32.550	0.001
empathy 3: who could you phone for a chat any time?	32.808	0.001
like 2: who would you take on holiday with you?	26.630	0.001
reassurance 2: who would reassure you about your clothes?	25.643	0.001
love 2: who would bend over backwards to help you?	21.504	0.001
tangible 1: who would help you with a bed for the night?	19.841	0.001
acceptance 1: who do you tell good news to?	19.676	0.001
acceptance 2: who would listen to you while you were in a bad mood?	19.071	0.001
reassurance 1: who would reassure you if people were spreading gossip about you?	16.690	0.001
reassurance 3: who would reassure you about periods? ( <i>girls only</i> )	16.681	0.001
tangible 5: who would lend a small amount of money?	14.672	0.001
notice 1: who would notice a good mood?	14.073	0.001
empathy 2: who can you talk to if you / your partner might be pregnant?	13.724	0.001
notice 2: who would notice if you were in trouble?	13.487	0.001
notice 4: Who would notice if you were sad?	10.732	0.001
like 1: who would you buy gifts for?	10.731	0.001
conflict: if you had a row with your parents / carers, who could you talk to?	8.548	0.001
notice 3: Who would notice if you were ill?	5.683	0.001
trust 2: who do you trust enough to show a personal letter for them to check?	5.295	0.001
informational: Who would help you find accommodation?	5.186	0.001
tangible 3: if you needed help finding a job, who would you ask?	4.751	0.001
tangible 2: who would you ask a reference for a job?	3.723	N.S.
tangible 4: who would help filling in forms?	2.310	N.S.
love 1: who loves you no matter what?	1.535	N.S.
empathy 4: if you wanted to talk to someone about social services, who would you talk to? ( <i>in care only</i> )	0.682	N.S.

This cluster analysis points to both differentiated use of friendships for males and females, and for the in-care and comparison group. In particular, the first cluster with emotional and sharing items is not only female dominated, but also comparison group dominated, while the second cluster contains mainly males from the comparison group reporting friends as providers of



practical support in emergencies. The last, non-specific cluster contained the largest proportion of young people in care, suggesting that the young people in care do not share their emotions with their friends to the same extent as those in the comparison group, as if they have either learnt to keep their feelings hidden from others, or are not inclined to trust their friends to the same extent as those in the comparison group. The different friendship contents point to the care experience affecting young people's social networks, to the extent that their relationship development is not based on similar emotional and practical relationships as is the case for comparison group members.

Table 4.6 above describes which variables had the highest *F*-ratio's and accounted for the highest amount of variance in clustering friendship support. Four items failed to reach significance, suggesting that for these items other support sources may be more useful. Practical issues such as obtaining references, form filling and problems with social services were not considered appropriate within friendships, and love was not an integral part of friendship for the young people either.

Two items on the SSMA were designed to ascertain whom the young people liked best. Table 4.7 shows the items in question. These two items were cluster analysed, so the total number of variables included in this analysis was 14 (2 items, by 7 support sources). Four clusters arose, whose membership was always a mixture of young people with care experiences and those in the general population. Cluster 1 contained 39 young people (n=7 or 14% of the in-care group; n=32 or 32% of those in the comparison group) whose primarily liked person were parents and other relatives, suggesting that the young people in the comparison group mostly liked both their parents and their partners. Furthermore, the liking variable associated with cluster 1 concerns whom the young people would buy a gift for to express their liking, and this assumes a level of exchange, which is thus more evident in the comparison group than it is in the in-care group. This first cluster also contains more females (n=29) than males (n=10), suggesting that the relational exchange implicit in this cluster is associated more with females than males. Cluster 2 was concerned with expressing liking for, and companionship of partners for 11 young people in care (n=11 or 22%) and for 21 young people in the comparison group (or 21%), suggesting that in this cluster partner support alone is important, rather than support from other sources. An equal proportion of young people from the in-care group and the comparison group were to be found in this cluster, suggesting that the two groups are fairly similar in their liking of their partners. The third cluster consisted of 44 young people (n=17 or 34% of the in-care group; n=27 or 27% of the comparison group) who expressed their liking of their friends by wishing to take them on holiday with them. This cluster contained an even mixture of males and females.

Friendship and companionship can thus be seen to go together again, for about a third of the in-care group and a quarter of the comparison group. However, relatively there are more young people from the comparison group in this cluster (27 out of the cluster total of 44, or 61% of those in the cluster) suggesting that friendship and companionship are more associated with the comparison group than with the in-care group. It may be that the young people in the in-care group do not trust their friends in the same way and would not dare take the risk of spending time with them. However, if the young people in the comparison group appear to have more reciprocal friendships, then it is possible that the young people in care do not have the same inclination to give and take during a holiday. Rather than friendship as an ongoing process, the young people with care experiences may not view friends as long term attachments, with whom it is good to spend time. The last cluster contained 35 young people (n=15 or 30% from the in-care group; n=20 or 20% of those in the comparison group), again with an even gender spread, who expressed their liking of their relatives by wishing to buy them gifts. Table 4.8 shows which variables contributed most to the clustering process.

Table 4.7: Table showing the variables contributing to the clustering process of the two items measuring liking.

	source	item on SSMA	sample
Cluster 1	parent	who would you buy a gift for?	N=39
	family	who would you buy a gift for?	n= 7 in care
			n= 32 comparison group
			n= 29 females n= 10 males
Cluster 2	partner	who would you buy a gift for?	N=32
	partner	who would you take on holiday with you?	n=11 in care
			n=21 comparison group
			n=19 females n=13 males
Cluster 3	friends	who would you take on holiday with you?	N=44
			n=17 in care
			n=27 comparison group
			n=24 females n=20 males
Cluster 4	family	who would you buy a gift for?	N=35
			n=15 in care
			n=20 comparison group
			n=17 females n=18 males

In Table 4.8 the *F*-ratio's of the liking variables are listed, suggesting that the variable expressing liking by offering gifts to parents explains the largest amount of variance in the assignation of clusters. Furthermore, the variable describing partner companionship on holiday is also a great contributor to the clustering process. Table 4.8 shows clearly that a large amount of variables failed to reach significance, and not surprisingly these variables were commonly associated with



more remote support sources, such as foster and residential carers, 'other' sources and social workers.

Table 4.8: Table showing *F*-ratio's and *p*-values associated with cluster analysis of items measuring tangible support

item number and content	source	<i>F</i> -ratio	<i>p</i> <
like 1: who would you buy gifts for?	parent	50.233	0.001
like 2: who would you take on holiday with you?	partner	44.550	0.001
like 1: who would you buy gifts for?	partner	10.931	0.001
like 2: who would you take on holiday with you?	friends	10.832	0.001
like 2: who would you take on holiday with you?	family	2.923	0.05
like 1: who would you buy gifts for?	friends	1.837	N.S.
like 1: who would you buy gifts for?	other	1.491	N.S.
like 2: who would you take on holiday with you?	other	1.009	N.S.
like 1: who would you buy gifts for?	social worker	0.979	N.S.
like 1: who would you buy gifts for?	foster/residential carer	0.800	N.S.
like 2: who would you take on holiday with you?	parent	0.252	N.S.
like 2: who would you take on holiday with you?	foster/residential carer	0.098	N.S.
like 2: who would you take on holiday with you?	social worker	0.000	N.S.
like 1: who would you buy gifts for?	family	0.000	N.S.

Table 4.7 suggests again that there are differences in the groups of those in care and those in the comparison group regarding their favourite people. Not surprisingly, the cluster containing parents as favourite people is dominated by comparison group members. However, cluster 3, containing friends, suggests that both groups enjoy their friends' company. Companionship from friends thus might be the main aspect on which young the young people's friendships overlap.

Five tangible support items were also clustered using the *K*-Means method, and this resulted in four clusters. The total number of variables used in this analysis was 35 (5 items by 7 support sources). Table 4.9 shows which clusters were formed, and Table 4.10 shows the *F*-ratio's of each variable. The first cluster consisted of 29 young people (*n*=11 or 22% of those in the in-care group; *n*=18 or 18% of those in the comparison group) whose primary source of tangible support was friends and social workers. Young people in care made up 78% of this cluster, suggesting that they dominated the formation of this cluster. Friends were regarded as providers of a bed for a night in an emergency, while social workers and other formal agencies would be approached for a reference. The second cluster was larger, (*N*=48) and was predominantly made up of young people in the comparison group (*n*=1 or 2% of those in the in-care group; *n*=47 or 47% of those in the comparison group) whose source of tangible aid were parents. Parental support for three of the five tangible support items (*finding a job, filling in forms and lending some money*) characterised this cluster. The third cluster contained 33 cases (*n*=12 or 24% of those in the in-care group; *n*=21 or 21% of the young people in the comparison group) who would turn to friends for a bed for the night and to 'other' sources for a reference. This cluster contained relatively more young people from the comparison group (21 out of 33 cluster total = 63%). The last cluster

(N=39; n=26 or 52% of those in the in-care group; n=13 or 13% of those in the comparison group) contained only 'other' sources, who would be approached for a reference. Since this cluster consisted of relatively more young people in care (26 out of 39 total in cluster = 66%), this cluster indicates that the young people in the in-care group need to turn to more peripheral, other sources of support for a reference, than the young people in the comparison group.

Table 4.9: Table showing the results of the clustering process of tangible support.

	source	item on SSMA	sample
Cluster 1	friend	if you needed a bed for the night?	N=29
	social worker	who would give you a reference for a job?	n= 11 in care
			n= 18 comparison group
			n= 15 females
			n= 14 males
Cluster 2	parent	if you needed help finding a job, who would you ask?	N=48
	parent	who would help filling in forms?	n=1 in care
	parent	who would lend a small amount of money?	n=47 comparison group
			n=36 females
			n=12 males
Cluster 3	friend	if you needed a bed for the night?	N=33
	other	who would give you a reference for a job?	n=12 in care
			n=21 comparison group
			n=16 females
			n=17 males
Cluster 4	other	who would give you a reference for a job?	N=39
			n=26 in care
			n=13 comparison group
			n=22 females
			n=17 males

Table 4.10 below shows the *F*-ratio's associated with the different tangible support variables. Many of the variables failed to reach significance, and these were tangible items mostly associated with partner, family and social worker support. Interestingly, social worker tangible support (borrowing some money, help to find a bed for the night, and help finding a job) did not reach significance, suggesting that social workers are not considered a helpful source of practical support. In addition, the item asking who would help the young person find a job, was not significant in connection with social workers, foster and residential carers, other relatives or partners, yet significance was reached for this item for parents and 'other' sources, suggesting that either parents (in the comparison group) or 'other' sources (the in-care group) are important mediators to finding a job for young people. This analysis very clearly shows that cluster two is dominated by females and comparison group members reporting parental tangible support, suggesting once again that large differences exist between the two groups. None of the other clusters show such a marked group membership in its constitution. The young people in the comparison group thus rely on parents for practical support, as well as for emotional support,



while the young people in the in-care group have to rely more on friends, other sources and social workers. The young people in the comparison group fall back on loved ones, and embed their practical support needs within their emotional relationships, while the young people with care experiences seek practical support from other, more remote sources.

Table 4.10: Table showing *F*-ratio's and *p*-values associated with cluster analysis of items measuring tangible support

item number and content	source	<i>F</i> -ratio	<i>p</i> <
tangible 1: help with a bed for the night	friends	84.253	0.001
tangible 4: who would help filling in forms?	parent	65.054	0.001
tangible 2: who would you ask a reference for a job?	social worker	41.012	0.001
tangible 5: lend a small amount of money	parents	28.434	0.001
tangible 3: help finding a job	parent	19.076	0.001
tangible 5: lend a small amount of money	friends	11.720	0.001
tangible 4: who would help filling in forms?	friends	9.037	0.001
tangible 4: who would help filling in forms?	family	6.420	0.001
tangible 5: lend a small amount of money	other	6.402	0.001
tangible 4: who would help filling in forms?	social worker	6.018	0.001
tangible 1: help with a bed for the night	family	5.549	0.001
tangible 2: who would you ask a reference for a job?	friends	5.463	0.001
tangible 3: help finding a job	other	5.431	0.001
tangible 1: help with a bed for the night	foster/residential carer	5.029	0.005
tangible 5: lend a small amount of money	foster/residential carer	4.732	0.005
tangible 4: who would help filling in forms?	other	4.713	0.005
tangible 3: help finding a job	friends	3.655	0.05
tangible 2: who would you ask a reference for a job?	foster/residential carer	3.572	0.05
tangible 4: who would help filling in forms?	foster/residential carer	3.526	0.05
tangible 1: help with a bed for the night	partner	2.806	0.05
tangible 1: help with a bed for the night	parent	2.566	N.S.
tangible 2: who would you ask a reference for a job?	family	2.298	N.S.
tangible 4: who would help filling in forms?	partner	2.296	N.S.
tangible 5: lend a small amount of money	social worker	1.668	N.S.
tangible 5: lend a small amount of money	partner	1.520	N.S.
tangible 2: who would you ask a reference for a job?	parent	1.413	N.S.
tangible 3: help finding a job	social worker	1.246	N.S.
tangible 1: help with a bed for the night	social worker	1.294	N.S.
tangible 2: who would you ask a reference for a job?	other	1.194	N.S.
tangible 5: lend a small amount of money	family	1.189	N.S.
tangible 2: who would you ask a reference for a job?	partner	1.155	N.S.
tangible 3: help finding a job	foster/residential carer	0.901	N.S.
tangible 1: help with a bed for the night	other	0.825	N.S.
tangible 3: help finding a job	family	0.684	N.S.
tangible 3: help finding a job	partner	0.208	N.S.

The four questions on noticing daily hassles and happiness (4 items and 7 sources, equals 28 items) were also clustered and this resulted in five clusters. Table 4.11 gives further details on cluster membership, while Table 4.12 shows the *F*-ratio's of each variable. Cluster one contains only young people in the comparison group (N=36) who consistently mentioned parents noticing all changes in their moods and health. More females (n=24; or 67% of cluster members) than

males (n=12; or 33% of cluster members) are associated with this cluster. The second cluster consists of 28 young people (n=17 or 34% of those in the in-care group; n=11 or 11% of those in the comparison group) whose partners would notice good moods, trouble and sadness. More females (n=19; or 68% of the cluster members) than males (n=9; or 32% of the cluster members) belong to this cluster. Young people in care dominate this cluster, as they form 61% of this cluster, together with females, suggesting that for the young people with care experiences, and in particular young women, partners are the more likely people to observe day to day changes. The third cluster is made up of 29 young people (3 in care; 26 comparison group) whose parents would notice the young person being ill. This cluster contained more females (n=19) than males (n=10). In this cluster females and members of the comparison group predominate (90%), suggesting again that parental daily monitoring is associated with the comparison group, rather than the in-care group. The fourth cluster contains 57 subjects, (30 in care; 27 comparison group) whose friends would notice good moods, illness and sadness. This cluster contains almost even numbers of males and females too (n=27 females, n=20 males).

Table 4.11: Table showing the variables contributing to the clustering process of noticing support.

	source	item on SSMA	sample
Cluster 1	parents	Who would notice a good mood?	N=36
	parents	Who would notice if you were ill?	n= 0 in care
	parents	Who would notice if you were sad?	n= 36 comparison group
			n= 24 females
			n= 12 males
Cluster 2	partner	Who would notice a good mood?	N=28
	partner	Who would notice if you were ill?	n=17 in care
	partner	Who would notice if you were sad?	n=11 comparison group
			n=19 females
			n=9 males
Cluster 3	parents	Who would notice if you were ill?	N=29
			n=3 in care
			n=26 comparison group
			n=19 females
			n=10 males
Cluster 4	<i>low values</i>	<i>low values</i>	N=57
	friends	Who would notice a good mood?	n=30 in care
	friends	Who would notice if you were in trouble?	n=27 comparison group
	friends	Who would notice if you were sad?	n=27 females
			n=30 males

In Table 4.12 the *F*-ratio's of all variables are presented and it is clear that parents noticing good moods and illness were by far the most important contributors to the cluster analysis of noticing behaviours, as these variables had the highest *F*-ratio's.



Table 4.12: Table showing *F*-ratio's and *p*-values associated with cluster analysis of items measuring noticing support

Item	Source	<i>F</i> -ratio	<i>p</i> <
notice 1: Who would notice a good mood?	Parent	319.140	0.001
notice 3: Who would notice if you were ill?	Parent	146.028	0.001
notice 3: Who would notice if you were ill?	Partner	92.006	0.001
notice 1: who would notice a good mood?	Partner	52.578	0.001
notice 4: Who would notice if you were sad?	Parent	42.933	0.001
notice 4: Who would notice if you were sad?	Partner	37.474	0.001
notice 2: Who would notice if you were in trouble?	Partners	9.099	0.001
notice 2: Who would notice if you were in trouble?	Parent	7.490	0.001
notice 4: Who would notice if you were sad?	Other	7.489	0.001
notice 4: Who would notice if you were sad?	Friends	6.007	0.001
notice 3: Who would notice if you were ill?	Friends	5.859	0.001
notice 3: Who would notice if you were ill?	Foster/residential carers	5.078	0.005
notice 1: Who would notice a good mood?	Other	5.070	0.005
notice 2: Who would notice if you were in trouble?	Friends	4.090	0.01
notice 1: Who would notice a good mood?	Friends	4.055	0.01
notice 4: Who would notice if you were sad?	Foster/residential carers	2.901	0.05
notice 2: Who would notice if you were in trouble?	Foster/residential carers	2.884	0.05
notice 3: Who would notice if you were ill?	Other	2.694	0.05
notice 1: Who would notice a good mood?	Foster/residential carers	2.024	N.S.
notice 3: Who would notice if you were ill?	Family	1.679	N.S.
notice 2: Who would notice if you were in trouble?	Other	1.187	N.S.
notice 1: Who would notice a good mood?	Family	1.127	N.S.
notice 2: Who would notice if you were in trouble?	Social worker	0.823	N.S.
notice 3: Who would notice if you were ill?	Social worker	0.758	N.S.
notice 2: Who would notice if you were in trouble?	Family	0.670	N.S.
notice 4: Who would notice if you were sad?	Social worker	0.539	N.S.
notice 1: Who would notice a good mood?	Social worker	0.111	N.S.
notice 4: Who would notice if you were sad?	Family	0.053	N.S.

The reported cluster analyses provide evidence for young people using different support sources for different problems. In particular, it becomes clear that friends and partners provide most emotional support, while parents account for a combination of tangible and emotional support. It became clear in the cluster analyses that the young people in the comparison group derive most support from their ongoing emotional relationship with their parents, while the young people with care experiences had to turn elsewhere to receive the support they needed, often in less reciprocal relationships. While parents were associated with most types of support for the comparison group, no particular source of support consistently arose in the in-care group, whose support was derived from various sources. The young people in care reported partners as companions and as observers of day to day changes, while the young people in the comparison group mentioned their partners more within an emotional, reciprocal relationship, focused on sharing. Friendships too were different for the two groups, but in addition a strong gender effect arose, with mostly young women in the comparison group describing friendships as sharing and reciprocally intimate relationships, while the males focused on practical support from friends.

The findings suggest that the young people in care do not share their emotions with their friends, either as a result of not trusting friends, or because they prefer to keep their intimate concerns to themselves. Clear differences in the in-care and comparison groups thus arose in the cluster analyses and below these differences will be highlighted in more detail, using appropriate statistical methods.

### **4.3 Comparing the in-care group with the comparison group**

In the previous sections, the total, combined sample of young people was examined on support sources and support types, using cluster analyses. Differences between the groups were apparent and in this section, the differences in support sources between the groups will be examined in more detail. Here, this comparison will be made, using  $\chi^2$  and  $t$ -tests on the data. Further on, the experimental use of discriminant analysis on the social support data will be presented to provide evidence that the two groups have distinctly different ways of using their social networks for support.

#### **4.3.1 Structural aspects: network size**

In order to obtain a measure for network size the young people's total number of sources of support was counted on the Sources of Support Measure for Adolescents. Young people's total number of sources was defined as their network size, while the total number of sources on emotional and practical support items were defined as emotional network size and practical network size respectively.

#### **Overall sample: gender and age effects on network size**

The combined sample of 150 young people was used in a 2x2x2 factorial analysis of variance to determine whether gender, age and being in care, or in the comparison group, had a significant effect on the young people's network sizes. Network size was entered as the dependent variable. The independent variables were gender, age and group membership. The variable 'age group' was constructed by dividing the sample into two age groups: those aged 17 and less ( $n=97$ ), and those aged over 17 years ( $n=53$ ). Table 4.13 shows the details. Significant main effects were found for age and being in care, but not for gender. None of the interactions were significant either, suggesting that only age and being in care, or not, had significant effects on young people's network size. The larger networks then belonged to those in the in-care group, who were in the older age group. The younger age group (those aged 17 and under), and those in the



comparison group had fewer network members, while gender had no impact on the number of support providers mentioned on the SSMA.

Table 4.13: Table showing results of analysis of variance: the effects of age, sex and group membership, and their interactions, on young people's social network sizes (N=150)

* * * A N A L Y S I S O F V A R I A N C E * * *					
<b>Key:</b>					
NETSIZE: total number of people mentioned in answer to SSMA					
AGEGRP: Two groups: aged 17 and under, aged over 17 years					
SEX: Two groups: male, female					
INCARE: Two groups: in care, not in care					
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
<b>Main Effects</b>	287.897	3	95.966	12.657	.000
AGEGRP	55.851	1	55.851	7.366	.007
SEX	22.790	1	22.790	3.006	.085
INCARE	99.534	1	99.534	13.127	.000
<b>2-Way Interactions</b>	1.907	3	.636	.084	.969
AGEGRP SEX	.342	1	.342	.045	.832
AGEGRP INCARE	.030	1	.030	.004	.950
SEX INCARE	.888	1	.888	.117	.733
<b>3-Way Interactions</b>	9.133	1	9.133	1.205	.274
AGEGRP, SEX, INCARE	9.133	1	9.133	1.205	.274
<b>Explained</b>	300.168	7	42.881	5.656	.000
<b>Residual</b>	1076.665	142	7.582		
<b>Total</b>	1376.833	149	9.240		
150 cases were processed.					
0 cases (.0 pct) were missing.					

The young people in care reported having significantly more people in their total networks than the young people in the comparison group (M=11.04, S.D.=3.23 compared to M=8.53, S.D.=2.57). Those in care also reported more (M=7.48, S.D.=2.38) sources of emotional support than those in the comparison group (M=6.19, S.D.=2.21). Young people in care mentioned on average seven sources of practical support (M=6.92, S.D.=2.34), while those in the comparison group mentioned on average six (M=6.22, S.D.=2.09). Young people with care experiences do not have fewer people to turn to, rather they have more support providers than the comparison group. This points to the young people in care developing more relationships than the comparison group, whose primary support sources were parents and friends. However, the young people in the comparison group also had more intimate and reciprocal relationships with their support providers, suggesting that the young people with care experiences relied on a larger, yet less intimate social network for their support.

#### 4.4 *Friendship: comparing young people in care to those in the comparison group*

Earlier on, it became clear that the young people in the comparison group mentioned friends as support providers more often than the young people with care experiences did. In addition, the cluster analyses carried out earlier, suggested that the nature of friendships may be different for the two groups, with those in care reporting less intimate and less reciprocal friendships. Given that the young people's relational and attachment experiences differed, it was anticipated that the young people's friendships would be different too. Young people growing up in troubled families and in and out of care have been seen to trust few people, showing a stronger reliance on themselves than on others. While no causal analysis is possible here, a statistical relationship is expected between being in care and reporting friends less often in relation to the SSMA.

A two way analysis of variance was carried out to determine whether gender and group membership had an influence on the number of times friends were reported in answer to the SSMA by the young people. A separate effect was found for group membership (care, non-care) with those in care reporting friends significantly less often ( $M=6.00$ ,  $S.D.=5.09$ ) than those in the comparison group ( $M=8.66$ ,  $S.D.=5.96$ ). This was especially the case for young men in care ( $M=6.09$ ,  $S.D.=5.13$ , compared to females:  $M=8.34$ ,  $S.D.=5.92$ ), but no statistically significant effect was found for gender. There was also no indication of an interaction between gender and group membership. Table 4.14 below gives the details.

Table 4.14: Table showing results of two way analysis of variance using friendship only: group (care, non-care) by gender (male, female)

* * * A N A L Y S I S O F V A R I A N C E * * *					
<b>Key:</b>					
FR: number of times friends were mentioned in response to the SSMA					
SEX: Two groups: male, female					
INCARE: Two groups: in care, not in care					
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	278.745	2	139.373	4.446	.014
INCARE	143.705	1	143.705	4.584	.034
SEX	68.017	1	68.017	2.170	.143
2-Way Interactions	6.859	1	6.859	.219	.641
INCARE SEX	6.859	1	6.859	.219	.641
Explained	280.518	3	93.506	2.983	.034
Residual	3604.978	115	31.348		
Total	3885.496	118	32.928		

150 cases were processed. 31 cases (20.7 pct) were missing.



Friends were thus mentioned as support sources less often by the young people in the in-care group, than by the young people in the comparison group. Further on, the nature of friendships will be discussed in more detail, as differences between the sexes, and the two groups, emerge.

#### **4.5 Gender differences: combined sample**

Few statistically significant gender differences arose in the combined sample (N=150) on the 27 items of the SSMA. Those that did, were mostly to do with emotional support, and mainly concerned parents and friends as sources of support. Furthermore, the difference always indicated that young women reported those sources more often than young men. These gender differences will be described here.

More females (35) than males (12) reported seeking reassurance from parents, if they were faced with malicious gossip ( $X^2=5.784$ ; 1 d.f.;  $p=0.0162$ ; 3 cases missing), while significantly more females (41) than males (10) reported seeking reassurance from friends on their appearance ( $X^2=12.420$ ; 1 d.f.;  $p=0.0004$ ; 3 cases missing). Again, more females (46) than males (15) said they felt accepted by friends and would therefore tell them good news ( $X^2=8.528$ ; 1 d.f.;  $p=0.0035$ ; 5 cases missing). Empathy from friends was reported more by females than males on three items. Significantly more females (53) were likely to discuss their relationship trouble with friends, than males (19) ( $X^2=11.063$ ; 1 d.f.;  $p=0.0009$ ; 1 case missing), and, possibly not unrelated topics, more females (45) than males (13) said they would seek empathy from friends if they suspected they were, or their partner was, pregnant ( $X^2=11.400$ ; 1 d.f.;  $p=0.0007$ ; 1 case missing). More females (40) than males (12) reported turning to friends when they were happy ( $X^2=4.454$ ; 1 d.f.;  $p=0.0348$ ; 13 cases missing), and more females (53) than males said they would buy presents for their parents to show their esteem ( $X^2=11.926$ ; 1 d.f.;  $p=0.0006$ ). Females (43) were also more likely than males (16) to report wanting to take their partner on holiday with them ( $X^2=6.501$ ; 1 d.f.;  $p=0.0108$ ), suggesting that while parents are held in high esteem, romantic partners are seen as good companions by most females.

Instrumental support, in the form of help to get a job was sought from parents more often by females (38) than by males (16) ( $X^2=3.876$ ; 1 d.f.;  $p=0.0490$ ; 6 cases had incomplete data). Lastly, significantly more females than males reported their parents as noticing their illness (48 females, 22 males;  $X^2=4.816$ ; 1 d.f.;  $p=0.0282$ ; 3 cases incomplete) or sadness (38 females, 15 males;  $X^2=4.431$ ; 1 d.f.;  $p=0.0353$ ).

The results here converge with the findings of other research which suggests that women tend to seek social support when in stress, and believe that other people are more supportive, while men

tend to prefer other, more active, coping strategies (Cramer 1991). The results of this study indicate that young women were more interested in friends and parents as people with whom to share both happy and unhappy events, and that reciprocity was part of the importance of the relationship.

#### 4.6 *Functional aspects: providers of support*

In the previous section the total number of reported sources on the SSMA was described, reflecting the young people's social network sizes and access to support. In this section, differences between the groups on the items of the SSMA will be described. The differences are presented first as overall, global differences between the groups, followed by more detailed information on the exact differences per stressful situation. After that, the sources of support reported by the in-care group will be described in more detail, as this group is the focus of this research project.

##### **Differences on Overall Scores: Social support, emotional and practical support**

Overall, the two groups of young people reported different sources of social support, with more young people in the comparison group favouring parents and friends, while the young people in the in-care group reported turning to a wider variety of support sources. This pattern is repeated in all subcategories of support. Table 4.15 shows the average number of times the different support sources were mentioned in answer to the SSMA by the young people in both groups, together with *t*-tests demonstrating differences in the two groups' preferred sources.

Table 4.15: Mean number of times each support provider was mentioned in answer to the SSMA: comparing in-care and comparison group

support source	in-care Mean and standard deviation	comparison Mean and standard deviation	<i>t</i> -test, p-value
parents	M=2.50, S.D.=3.71	M=9.61, S.D.=4.98	<i>t</i> =8.52; p<0.001
family	M=3.58, S.D.=4.31	M=4.06, S.D.=4.28	<i>t</i> =0.60; N.S.
friends	M=6.00, S.D.=5.09	M=8.67, S.D.=5.96	<i>t</i> =2.56; p<0.05
partners	M=5.06, S.D.=5.26	M=5.26, S.D.=5.31	<i>t</i> =0.20; N.S.
social worker	M=3.64, S.D.=3.24	M=0.68, S.D.=0.76	<i>t</i> =-6.35; p<0.001
other sources	M=4.26, S.D.=3.41	M=1.85, S.D.=1.64	<i>t</i> =-4.61; p<0.001
foster / residential carers	M=3.78, S.D.=5.63	---	---

Overall, for all types of support, the young people in the comparison group favoured parents, friends, and partners, while the young people in the in-care group favoured friends, partners, and



other sources. The table clearly shows that the two groups of young people differed significantly in their support seeking, with significantly more young people in the comparison group mentioning that they would turn to parents and friends, while the young people with care experiences mentioned social workers and other sources significantly more often. This suggests again that the young people in the comparison group overall sought support from their loved ones, while the young people in care sought support not only from their friends and partners, but from less intimate sources, such as formal and 'other' sources too. These other sources included friends' parents, or other adults with whom the young people came into contact, for instance a mother's boss at work, or a relative's friend. These sources then could be both rather remote, in that the young people had not built up an ongoing relationship with them, but also expert, in that often these people were professionals who might be able to offer specific types of help.

It is possible that the young people's emotional networks differed from their practical networks, resulting in this mixture of both intimate and more remote supporters in answer to the SSMA. When only answers to emotional support items on the SSMA were considered, young people in care mentioned their friends and partners most often again, followed by other relatives, foster and residential carers, 'other' sources, social workers and lastly, parents. In contrast, the young people in the comparison group favoured friends, parents, partners, followed by other relatives and lastly, other sources. Table 4.16 gives details of the mean numbers of times each support source was mentioned, and *t*-tests comparing the in-care and comparison group per support source.

Table 4.16: Mean number of times each support provider was mentioned in answer to the 17 emotional support items on the SSMA: comparing in-care (N=50) and comparison group (N=100)

support source	in-care Mean and standard deviation	comparison Mean and standard deviation	<i>t</i> -test, p-value
parents	M=1.64, S.D.=2.56	M=5.52, S.D.=3.36	<i>t</i> =7.36; p<0.001
family	M=2.54, S.D.=3.04	M=2.50, S.D.=3.04	<i>t</i> =-0.07; N.S.
friends	M=4.36, S.D.=3.10	M=6.36, S.D.=4.30	<i>t</i> =2.62; p<0.01
partners	M=3.50, S.D.=3.57	M=3.70, S.D.=4.02	<i>t</i> =0.29; N.S.
social worker	M=1.86, S.D.=2.13	---	---
other sources	M=2.18, S.D.=1.97	M=0.61, S.D.=0.87	<i>t</i> =-5.33; p<0.001
foster / residential carers	M=2.34, S.D.=3.81	---	---

The significant differences demonstrate that the young people in the comparison group relied on their friends and parents significantly more often than did the in-care group, who in turn mentioned 'other' sources significantly more often than the young people in the comparison

group. These results suggest that even for emotional support overall the young people in the in-care group turned to sources who might be regarded as more remote and less intimate. However, the two groups both reported favouring friends and partners for emotional support, with whom emotional relationships could have built up over time, suggesting that although parents were not providers of emotional support for those in the in-care group, friends and partners were.

In answer to the practical support items on the SSMA, the young people's differences in preferred sources are similar to the emotional support findings. Table 4.17 shows the different average number of times the different practical support sources were mentioned in answer to the SSMA, and *t*-tests showing the difference between the two groups, where appropriate. The young people in care favoured 'other' sources, friends, social workers, partners, and foster/residential carers, followed by other relatives and lastly, again, parents. The young people in the comparison group in contrast reported parents as the first provider of practical support followed by friends, partners, other relatives and other sources. Least preferred source for those in the comparison group are social workers and other formal agencies. Significant differences between the two groups were found for support from parents, social workers and 'other' sources. The young people in the comparison group reported their parents significantly more often as practical supporters, while the young people with care experiences mentioned social workers and 'other' sources significantly more often. Again, these findings strengthen the earlier results from the cluster analysis, which suggested there were differences between the groups in this direction.

Table 4.17: Mean number of times each support provider was mentioned in answer to the 10 practical support items on the SSMA: comparing in-care and comparison group

support source	in-care Mean and standard deviation	comparison Mean and standard deviation	<i>t</i> -test, p-value
parents	M=0.92, S.D.=1.46	M=4.31, S.D.=2.29	<i>t</i> =10.69; p<0.001
family	M=1.04, S.D.=1.58	M=1.34, S.D.=1.43	<i>t</i> =1.16; N.S.
friends	M=1.82, S.D.=1.99	M=2.57, S.D.=2.15	<i>t</i> =2.02; p<0.05
partners	M=1.72, S.D.=2.02	M=1.42, S.D.=1.70	<i>t</i> =-0.88; N.S.
social worker	M=1.78, S.D.=1.53	M=0.67, S.D.=0.72	<i>t</i> =-4.86; p<0.001
other sources	M=2.08, S.D.=1.88	M=1.24, S.D.=1.07	<i>t</i> =-2.89; p<0.005
foster / residential carers	M=1.60, S.D.=2.31	---	---

The next section will continue to deal with the differences between the in-care and comparison groups on the individual items of the SSMA, to highlight where the differences occur in detail.



Furthermore, it will become clear that the preferred sources of support are dependent on the different situations, as described in the items on the SSMA.

#### **4.7 Differences between the two groups on individual SSMA items**

Differences between the two groups in types and sources of support were calculated for each individual item on the SSMA, and these provide further detail of whom provides the young people with which type of support. Appendix 10 shows  $\chi^2$  tables for each item, but here only the significant differences between the two groups will be presented.

##### **Emotional support**

Emotional support was measured on 17 items, which consisted of one item asking whom the young people would turn to after a row with their primary carer, and 16 other items, relating to trust, love, liking, reassurance, acceptance and empathy.

When faced with conflict with primary carers (parents in the case of the comparison group, foster or residential carers in the case of the in-care group) significantly more young people in the comparison group (n=49 or 49%) than in the in-care group (n=8 or 16%) reported turning to friends for support ( $\chi^2=4.826$ , 1 d.f.,  $p<0.05$ ). A significant difference was also found for partners as a source of emotional support after conflict with a primary carer: n=27 or 27% comparison group favoured partners compared to n=5 or 10% of in-care group ( $\chi^2=6.311$ , 1 d.f.,  $p<0.05$ ).

Trust is an area in which many differences between the two groups were expected. Two items addressed trust: one asked whom the young people would tell a personal problem, while the other asked whom the young people might turn to with a personal letter that needed checking. For the first item, the young people in the comparison group reported parents (n=21 or 21%) significantly more often as a source of trust, than did the in-care group (n=4 or 8%;  $\chi^2=4.056$ , 1 d.f.,  $p<0.05$ ), and this pattern was repeated for the second item, where 59 young people in the comparison group (or 59%) mentioned their parents as a source of trust, compared to four (or 8%) young people in the in-care group ( $\chi^2=36.24$ , 1 d.f.,  $p<0.001$ ). Friends too were mentioned more often by the comparison group (n=26 or 26%) than the in-care group (n=6 or 12%;  $\chi^2=4.007$ , 1 d.f.,  $p<0.05$ ). Parents are thus a source of trust to the comparison group, but not to the in-care group, which was expected. Below, in section 4.7 where the in-care group is discussed more fully, it will become clear whom the in-care group do turn to for trust.

The 'love' questions asked whom the young people felt loved them no matter what, and who would bend over backwards to help them out of trouble. Again parents were quoted significantly more often by the young people in the comparison group (n=70 or 70%) than the in-care group (n=13 or 26%;  $X^2=26.911$ , 1 d.f.,  $p<0.001$ ) on item 1, and on item 2 (n=47 or 47% in comparison group, versus n=4 or 8% in in-care group,  $X^2=24.265$ , 1 d.f.,  $p<0.001$ ). A significant difference also arose for other relatives, who were mentioned more often by the in-care group (n=18 or 36%) as loving them no matter what, than by the comparison group (n=19 or 19%;  $X^2=5.028$ , 1 d.f.,  $p<0.05$ ). 'Other' sources too were mentioned more often by the in-care group (n=8 or 16%) than the comparison group (n=5 or 5%;  $X^2=4.72$ , 1 d.f.,  $p<0.05$ ), suggesting that the young people with care experiences believe their friends' parents, or other adults associated with them via other people, love them and would help them when in need.

Reassurance was measured by three items, one of which was meant for females only, which focused on menstrual problems. The other two items covered reassurance when people spread gossip, and reassurance over looks and clothing. For the first two items the young people in the comparison group reported turning to their parents significantly more often than the young people in the in-care group, suggesting that reassurance and parental care are closely related for this group (item 1: n=42 or 42% in comparison group versus n=5 or 10% in in-care group,  $X^2=16.82$ , 1 d.f.,  $p<0.001$ ; item 2 n=33 or 33% in comparison group versus n=4 or 8% in in-care group,  $X^2=16.391$ , 1 d.f.,  $p<0.001$ ). The young people in the in-care group on the other hand reported turning to 'other' sources significantly more often (n=15 or 30%) than the comparison group (n=6 or 6%;  $X^2=15.281$ , 1 d.f.,  $p<0.001$ ) when faced with malicious gossip. Often, the young people mentioned not seeking reassurance, but rather a wish to confront the gossip monger. This was not the same for the young people in the comparison group, who preferred obtaining parental emotional support.

Two items concerned acceptance, the first asked whom the young people would turn to good news with, while the second addressed depressed moods. In these sources of acceptance similar findings arose, with the young people in the comparison group reporting their parents more often (n=28 or 28%) than those in the in-care group (n=7 or 14%;  $X^2=4.283$ , 1 d.f.,  $p<0.05$ ), when wanting to talk about good news and depressed moods (n=25 or 25% of comparison group versus n=4 or 8% of in-care group,  $X^2=6.177$ , 1 d.f.,  $p<0.05$ ). The young people in the comparison group thus feel more accepted in both good and low moods by their parents, while the young people in the in-care group do not report similar relationships with their parents.



Empathy support was derived from 5 items, which addressed sharing both good and sad events. One item was only relevant to the young people in care, so statistical differences were only calculated for the four remaining items. The first item asked whom the young people might turn to if they wanted to talk about an argument they had with their partner. Significantly more young people in the comparison group (n=27 or 27%) than in the in-care group (n=5 or 10%;  $X^2=5.877$ , 1 d.f.,  $p<0.05$ ) mentioned they would talk to their parents. No significant differences were found on the second item, which asked to whom the young people would turn for empathy if they feared they, or their partner, was pregnant. The third item asked whom the young people might phone if they felt bored and lonely, and significantly more young people in the comparison group (n=35 or 35%) mentioned contacting their partner than young people in the in-care group (n=8 or 16%;  $X^2=6.243$ , 1 d.f.,  $p<0.05$ ). The last item asks with whom the young people would wish to share happy news, and again significantly more young people in the comparison group (n=27 or 27%) mentioned their parents, compared to only 4 or 8% of those in the in-care group ( $X^2=9.623$ , 1 d.f.,  $p<0.005$ ). Another significant difference arose on this item with respect to friendship support: more young people in the comparison group (n=41 or 41%) than in the in-care group (n=11 or 22%) reported sharing their news with friends ( $X^2=8.512$ , 1 d.f.,  $p<0.005$ ).

Liking was measured with two items, one asking whom the young people would wish to buy presents for, and the other asking whom the young people would wish to take on holiday with them. Significantly more young people in the comparison group (n=57 or 57%) than young people in the in-care group (n=14 or 28%) said they would buy gifts for their parents ( $X^2=11.245$ , 1 d.f.,  $p<0.001$ ), while significantly more young people in the in-care group (n=15 or 30%) than in the comparison group (n=5 or 5%) reported that they would buy gifts for 'other' sources ( $X^2=18.029$ , 1 d.f.,  $p<0.001$ ), suggesting once again that the in-care group rely on more remote, other people, than the comparison group do. The 'other' sources quoted here included friends' and boy- or girlfriends' parents, suggesting that relationships with adults, other than the young person's own parents, were important to them. In addition, significantly more young people in the comparison group (n=41 or 41%) than in the in-care group (n=12 or 24%) reported that they would take their friends on holiday with them ( $X^2=4.216$ , 1 d.f.,  $p<0.05$ ), suggesting that the comparison group enjoyed the companionships of their friends more than the in-care group.

### **Practical support**

Practical support items included one informational item, 5 tangible support items and 4 noticing items. The only significant difference in relation to informational support was found for partner support, where significantly more young people in the in-care group (n=18 or 36%) than the

comparison group (n=10 or 10%) reported turning to partners for information on housing ( $X^2=5.531$ , 1 d.f.,  $p<0.05$ ). It is possible that the people in the in-care group would be more tempted than the comparison group to live with their partners if their housing situation was threatened. No significant differences arose in the first two tangible support items, which addressed needing a bed for the night and obtaining a reference for jobs. The third item asked whom the young people would ask for help in finding a job, and significantly more young people in the comparison group (n=49 or 49%) than in the in-care group (n=5 or 10%) mentioned their parents here. It is possible that the parents of the young people in the comparison group would be able to help find jobs for their children, within their own firms, or within their own social support network. It may be that the young people in the comparison group would be able to access their parents' social networks for help, suggesting that young people whose parents have poor networks would not have access to the same contacts and resources. The young people in the in-care group on the other hand were more likely (n=11 or 22%) than the comparison group (n=5 or 5%) to mention social workers as people who could help them find a job ( $X^2=9.195$ , 1 d.f.,  $p<0.005$ ). 'Other' sources too were mentioned more often by the in-care group (n=11 or 22%) than the comparison group (n=9 or 9%;  $X^2=4.213$ , 1 d.f.,  $p<0.05$ ), indicating that although both groups favoured different people, they both turned to adults for help in finding a job. The fourth tangible support item asked whom the young people would ask to help them fill in a form, and significantly more young people in the in-care group (n=9 or 18%) than in the comparison group (n=5 or 5%) reported they would ask 'other' sources, mainly the providers of the forms themselves ( $X^2=6.657$ , 1 d.f.,  $p<0.05$ ). Borrowing money was the topic of the fifth tangible support item, and on this item the young people in the comparison group were more likely than those in care to turn to parents (n=60 or 60% in comparison group, versus n=8 or 16% in in-care group;  $X^2=26.04$ , 1 d.f.,  $p<0.001$ ).

Four items covered noticing support, and asked whom would notice a good mood, trouble, illness and sadness. Significantly more young people in the comparison group (n=38 or 38%) than in the in-care group (n=5 or 10%) reported that their friends would notice if they were in a good mood ( $X^2=13.036$ , 1 d.f.,  $p<0.001$ ). Significantly more young people in the comparison group (n=38 or 38%) than in the in-care group (n=11 or 22%) also reported that their parents would notice if they were in trouble ( $X^2=4.04$ , 1 d.f.,  $p<0.05$ ), while significantly more young people in the in-care group (n=7 or 14%) than in the comparison group (n=4 or 4%) mentioned that 'other' sources would notice if they were in trouble ( $X^2=4.82$ , 1 d.f.,  $p<0.05$ ). 'Other' sources here could include other formal helping agencies, and friends' parents. Again, both groups mentioned that adults in their social networks would notice if they were in trouble, rather than their peers. The young people varied in their report of who would notice if they were ill: more young people in the



comparison group mentioned their parents (n=66 or 66% versus n=4 or 8% in-care;  $\chi^2=47.684$ , 1 d.f.,  $p<0.001$ ), while more young people in the in-care group mentioned their partners (n=18 or 36% versus n=13 or 13% in the comparison group,  $\chi^2=10.125$ , 1 d.f.,  $p<0.005$ ), and 'other' sources (n=14 or 28% versus n=12 or 12% in the comparison group,  $\chi^2=5.535$ , 1 d.f.,  $p<0.05$ ). These 'other' sources tended to be bosses at work, or other peripheral support providers who would be inconvenienced by the young person's illness, rather than more intimate sources. No significant differences arose on the fourth item, on who would notice sadness.

#### **4.8 Social support: the in-care sample**

Below, results will be presented on the in-care group only, since they are the focus group of this research. This section will deal with both emotional and practical support, and the effect of the number of years spent in care.

A positive, significant correlation was found between the length of time the young people spent in care, and the size of their social network ( $r=0.3293$ ,  $p<0.05$ ). Furthermore, the younger the young people entered care, the larger their social networks were ( $r=-0.3616$ ,  $p<0.01$ ). The age of leaving care showed a positive correlation with the size of the young people's networks, suggesting that the younger the people left care, the smaller their networks were ( $r=0.3657$ ,  $p<0.05$ ). It seems then that those entering care younger, have larger social networks than those entering care at an older age.

##### **Emotional support**

As anticipated, parents were rarely top choice for young people in care on emotional support items of the SSMA, although some paradoxes did occur. Few young people in care (8%) reported turning to their parents when they needed someone to trust, or when they needed reassurance (6%). On the other hand, when asked who loved them no matter what, relatives (36%), partners (30%) and parents (26%) were the most common choice. The other 'love' item asked who would bend over backwards to help out, with friends (30%), partners (24%), social workers (22%) and foster and residential carers (20%) featuring prominently. This last item may have been interpreted by the young people as an instrumental support question, since social workers and foster and residential carers are not quoted as intimate support providers in the other questions. 'Bending over backwards' to help out, could have been considered by the young people within a professional helping framework, as social workers and carers are employed to provide such help.

There seemed to be differences in preferred sources according to the specific situation within such categories. For instance, when asked who would reassure them if other people gossiped about them, 30% said they would turn to 'other' sources (usually the original gossip monger), while 22% would turn to friends and 18% would talk to foster and residential carers. In contrast, when asked who would reassure them that they look all right in certain clothes, 26% mentioned friends, 24% partners, 16% mentioned foster and residential carers, and only 2% would turn to others.

Friends featured highly for acceptance, where 34% said they would talk to friends if they had good news, followed by partners (28%), other relatives (18%) and foster and residential carers (18%). Parents were only mentioned by 14%. Friends again (18%) and partners (20%) were the most likely person to be approached when the young people needed someone to talk to because they were feeling down, followed by foster and residential carers (12%) and other relatives (10%).

Young people reported buying presents for relatives (44%), partners (36%) and 'other' sources (30%), who were often partners' parents or friends' parents or other adults in their lives. In addition, 24% mentioned friends and 28% reported parents, while 22% mentioned offering foster and residential carers a gift. In contrast, asked whom they would take on holiday with them, only 10% mentioned foster and residential workers, while no-one would take their parents. Partners were top choice here (40%), with relatives and friends sharing second place (24%).

When asked with whom the young people would discuss relationship problems between either parents and themselves, or foster and residential carers and themselves, the majority mentioned friends (32%) and as joint second choice partners, foster and residential carers, relatives and 'other' sources (10% each).

In the empathy subcategory some apparently contradictory findings arose. Boy- and girlfriend trouble was most likely to be discussed with friends (42%), or foster and residential carers (14%), while parents and 'other' sources shared third place (10%). On the other empathy items parents were the last choice. For instance, when asked about pregnancy scares, the majority said they would discuss this with friends (30%), social workers (26%), 'other' sources (24%; mainly doctors or other health professionals), even parents (12%) and partners (10%). Friends (50%) were again first choice to talk to when feeling bored. Sharing happy news was most likely to happen with partners (40%), 'other' sources (26%), friends (22%), followed by foster and residential workers (14%), and other relatives (10%). Discussing Social Services problems once more showed the preference for dealing with the source of the problem: social workers (52%)



were mentioned by the majority of the sample, while 14% said they would turn to their foster and residential carers. Least preferred source once again were parents.

Friends are therefore important providers of empathy, especially if problems are non-specific. The more specific situations required help from the specific relevant source, for instance when faced with a pregnancy scare, doctors are appropriate for test results, while for social services related problem, social workers are the most suitable sources of help. These findings suggest that the young people with care experiences sought support from the most relevant source, which is reminiscent of other work done in this area (Cohen 1992). Similar stressor specific support seeking was not evident in the comparison group, whose primary support providers were parents and friends, regardless of the problem.

The emotional relationship with parents appears a complex one for young people in care. While some claim that parents love them no matter what, most young people did not seek trust, reassurance or acceptance from them. In fact, when asked if they dislike anyone, top choice (26%) was parents. The young people with care experiences presumably have good cause to dislike their parents and step-parents, as most entered care due to parenting problems, rather than through their own bad behaviour. It seems likely that young people in care learn not to rely on parents for emotional support, and trust, reassurance, and acceptance in particular, given that their parents might be mentally ill, absent, neglecting or abusing them. In this respect the two groups differ, as the young people in the comparison group were seen to be able to rely more fully on their parents, for all types of problems, regardless of their nature and gravity. Not all young people with care experiences disliked their parents, rather there appeared to be different groups of young people, differentiated in the extent of their emotional relationship with their parents. First, there were young people who felt rejected by their parents and consequently did not seek their support. These young people were often angry at their parents for relinquishing care and responsibility for them. The second group were ambivalent about parents yet sought their support while at the same time deriding them, suggesting a pragmatic approach to seeking support. Possibly these young people had come to expect very little support of their parents, and yet felt they could not be sure of every circumstance. Thirdly, a group emerged of young people whose relationship was not too damaged and for whom parents still featured as an important source of emotional support. In particular, the young people who were not disaffected, reported feeling loved by their parents, even if no other support was forthcoming.

### **Practical support: In-care only**

Practical support items on the SSMA included instrumental and informational support, alongside the noticing behaviours scale. They will be discussed in this order.

*Instrumental support* was most likely to be sought from social workers and foster and residential workers, although some exceptions exist. Friends (48%), partners (19%) and in shared third place foster / residential carers and parents were the most popular choice in dealing with short term homelessness (14%) followed by 'other' sources (12%), while 'other' sources (56%) followed by foster and residential workers (28%) would be most likely to be approached to act as a referee when seeking jobs. 'Other' people refers here mainly to former bosses, Youth Training Schemes and teachers. Young people in need of a job would approach social workers (22%) and 'other' sources (22%), with foster and residential carers sharing second choice with parents (10%). Help with filling in forms was most likely to be sought from social workers (34%), 'other' sources (18%), foster and residential carers (14%) and partners (12%). Families, friends and parents were not regarded as very useful here. In contrast, when a quick loan was needed, most sources of support were utilised by the young people. First choice were friends (33%), partners (22%) and foster and residential carers (20%). Parents would be approached by 16% and other relatives by 14%, while 12% would approach social workers and 'other' sources. Overall, for instrumental support the young people in care were more likely to turn to 'other' sources (24%), social workers (23.6%), and friends (20.4%), followed by foster or residential carers (17.2%), relatives (11.6%), their partner (10.8%), and parents (10.4%).

### *Informational support*

The young people in care mentioned their social workers as their prime source when seeking information on housing and accommodation (42%), closely followed by their partner (36%), friends (21%), foster or residential carers (16%), relatives (10%), 'others' (8%) and parents (4%). Again, the young people in care demonstrated that they would turn to the most useful source of information and help, suggesting that their support providers were linked to specific stressors. In the case of finding accommodation, formal helping agencies were seen as the most appropriate providers, as well as partners, whose living quarters the young people might wish to share. These sources of support thus reflect the ability of these people to provide the appropriate resource.

### *Noticing behaviours*

Who observes daily changes in behaviour and mood of young people living in care, leaving care or just out of care? A very good mood would be noticed by partners, said 32% of the young people



in care, followed by 'other' sources (22%; usually colleagues or school contacts), foster and residential carers (12%), other relatives (10%; including the young people's own children), social workers (6%) and friends (5%). No parents were mentioned. On the other hand, 22% of those in care reported that their parents would notice if they were in trouble. Foster and residential carers were mentioned by 20% of the young people, while friends were third choice (18%), and partners and 'other' sources shared fourth position (14%). A few young people said social workers (8%) and other relatives (8%) would notice. Who would notice if the young people were ill? 'Other' sources (such as colleagues, school contacts) were most likely to notice (28%), as were partners (18%). Foster carers and residential workers were reported to notice illness by 16%, while friends were mentioned by 15% of the young people. Least likely to notice illness were parents (8%), other relatives (8%), and social workers (2%). The young people in care thought partners (36%) and friends (18%) were most likely to notice if they were sad, while 'other' sources (16%), other relatives (10%) and foster and residential carers (10%) might also notice sadness. Parents were mentioned by only 6% and social workers by 2%, indicating that these are least likely to notice mood changes.

Interestingly, friends were more likely to be mentioned as noticing bad moods rather than good moods, while parents were just as unlikely to notice either. Parents on the other hand were considered most important knowing when their child was in trouble, suggesting that the parent-child relationship did incorporate some level of daily monitoring, or that the young people with care experiences had memories of their parents noticing trouble. Many of the young people had experienced trouble, in many guises, and some recounted their mothers or fathers noticing when the trouble had got out of hand. Often, this was at the point where other authorities, such as police, had stepped in. Foster and residential carers were reliably mentioned by at least ten percent for each question on noticing, suggesting that for a small subset of young people in care foster and residential carers perform a similar parental monitoring role as was evident in the comparison group. In addition, many young people said no-one or only they themselves would notice, particularly if they were ill or feeling down, indicating that this group of young people had become used to no-one being interested in their moods and health.

In summary, most of the young people reported social workers as sources of help with finding jobs, filling forms, and seeking accommodation. Friends were considered to be most helpful in providing a bed for a night. Trouble was most likely noticed by parents, while good moods were most likely to be noticed by partners. A varied picture arises, of young people with care experiences utilising different sources of support according to the problem they face.

#### **4.9 Gender differences: In-care only**

This section will first address the young people's evaluation of the quality of their relationships with their parents, after which gender differences on the SSMA items will be presented.

Males and females did not differ significantly in their appraisal of their relationships with their mother and father. Most men and women described their relationship with their mother as reasonable (8 males, 8 females) or had no contact (8 males, 8 females). The majority of young people in care reported having no contact with their fathers (15 men, 11 women) or having a reasonable relationship (5 males, 4 females).

The young people in care were also pretty similar in their reporting of preferred sources of support per support item on the SSMA and only a few significant findings arose. Interesting differences between the preferred sources of support per SSMA item will be described below.  $\chi^2$  tests were not possible for these data as cell sizes were too small (frequencies smaller than 5). Instead, two tailed Fisher Exact tests were carried out. Here only the significant findings are presented. A table is provided in Appendix 11 with all the details, including those findings which failed to reach significance.

Some differences arose on the item of acceptance, where more young women than men reported turning to their friends with good news (13 women, 4 men;  $p < 0.05$ ). Women mentioned social workers as sources of empathy in a pregnancy scare significantly more often than men did (11 women, 2 men;  $p < 0.01$ ). Women again mentioned their friends more often than males when they wanted someone to talk to (9 females, 2 males;  $p < 0.05$ ).

More women than men said they would buy presents for their parents and partners (13 females, 5 males;  $p < 0.05$ ). In addition, more women than men reported liking their friends enough to take them travelling with them (11 females, 1 male;  $p < 0.005$ ).

It appears then that although men and women appear similar in their preferred sources and number of sources of support overall, small differences between the sexes do arise on individual items. It looks as if foster carers and friends are reported more often by female adolescents, while the males reported their relatives and other sources more often. Females can be seen to turn to other people more frequently than males, suggesting that support seeking, and in particular emotional support seeking is part of women's social relationships.



#### **4.10 Discriminant analysis**

Discriminant Analysis was carried out using SPSS-PC+ to determine whether the two groups of young people, those in care, and those young people in the comparison group, were identifiable on their report of sources of support alone. Discriminant analysis classifies individuals into mutually exclusive and exhaustive groups, using a set of independent variables (Dillon and Goldstein 1984). In this case, the independent variables consisted of the types and sources of social support reported by the two groups of young people.

While Dillon and Goldstein (1984) warn that discriminant analysis on categorical data may not yield good results, Greenacre (1981) has argued that discriminant analysis is a valid method for exploratory multivariate analysis. Furthermore, Everitt (1996) has pointed out, that discriminant analysis is a robust method, which performs well, even if its assumption of multivariate normally distributed data is violated. In this case, discriminant analysis was considered an appropriate, if experimental, statistical method to determine whether the two groups of young people were divisible on their answers to the SSMA alone. In addition, the discriminant analysis was expected to show which of all the variables contributed most to the differences between the groups, thus clarifying the importance of the variables in the analysis.

The young people's answers to questions on the SSMA were entered as dependent variables. In this analysis, the 25 SSMA questions relevant to both samples were included. Questions excluded concerned the question relevant only to girls, and the question on social services, relevant only to young people in care. As it was important to establish that young people in care and in the comparison group could be discriminated on the basis of their answers to the SSMA, answer categories specific to those in care were excluded from analysis (i.e. foster and residential carers, and social work agencies). The remaining support providers thus included parents, other relatives, friends, partners and 'other' sources. The discriminant analysis was carried out in a stepwise manner, so that it becomes apparent which variable was identified at which step in the analysis (Everitt 1996). Table 4.18 shows the results of the ten steps of analysis, highlighting which variables contributed most to the discriminant function. Wilk's Lambda is entered in the third column, with its significance level. Wilk's lambda is akin to multivariate analysis of variance (Dixon 1992) and in each of the steps, the variable's contribution can be seen to be significant.

Table 4.18: Table showing the 10 variables accounting for the difference between the in-care and comparison groups, with the Wilks' Lambda multivariate statistic and its significance level, as calculated in the discriminant analysis

Step	Item	Source	Wilks' Lambda	Significance
1	notice 3: who would notice if you were ill	parent	.55626	.0000
2	empathy 5: if you were happy, who would you want to talk to?	friends	.47756	.0000
3	empathy 3: who could you phone for a chat any time	partner	.44511	.0000
4	notice 1: Who would notice a good mood?	parent	.41351	.0000
5	tangible 3: who would help you find a job	parent	.38704	.0000
6	acceptance 1: who do you tell good news to?	other	.36412	.0000
7	reassurance 2: who would reassure you about your clothing?	family	.34051	.0000
8	like 2: who would you take on holiday with you?	friends	.32479	.0000
9	love 1: who loves you no matter what?	family	.30425	.0000
10	tangible 1: who would help you if you needed a bed for the night?	family	.29118	.0000

The results above show again that a differentiation of support sources occurs, according to the type of problem. The importance of daily care provided by parents (mainly for the comparison group) and by relatives and 'other' sources (for the in-care group) becomes apparent. Furthermore, sharing positive emotions and companionship with friends, and sharing more negative emotions with partners, shows a differentiated use of partners. Lastly, the discriminant analysis shows once again the importance of 'other' sources to the in-care sample.

The Table below (Table 4.19) shows that the discriminant function based on the ten variables listed in Table 4.18 is highly significant at the  $p < 0.001$  level, based on both Wilks' Lambda and  $X^2$  tests. The ten variables listed above are combined in this discriminant function.

Table 4.19: Table showing the result of the discriminant function analysis: Wilks' Lambda,  $X^2$  and level of significance

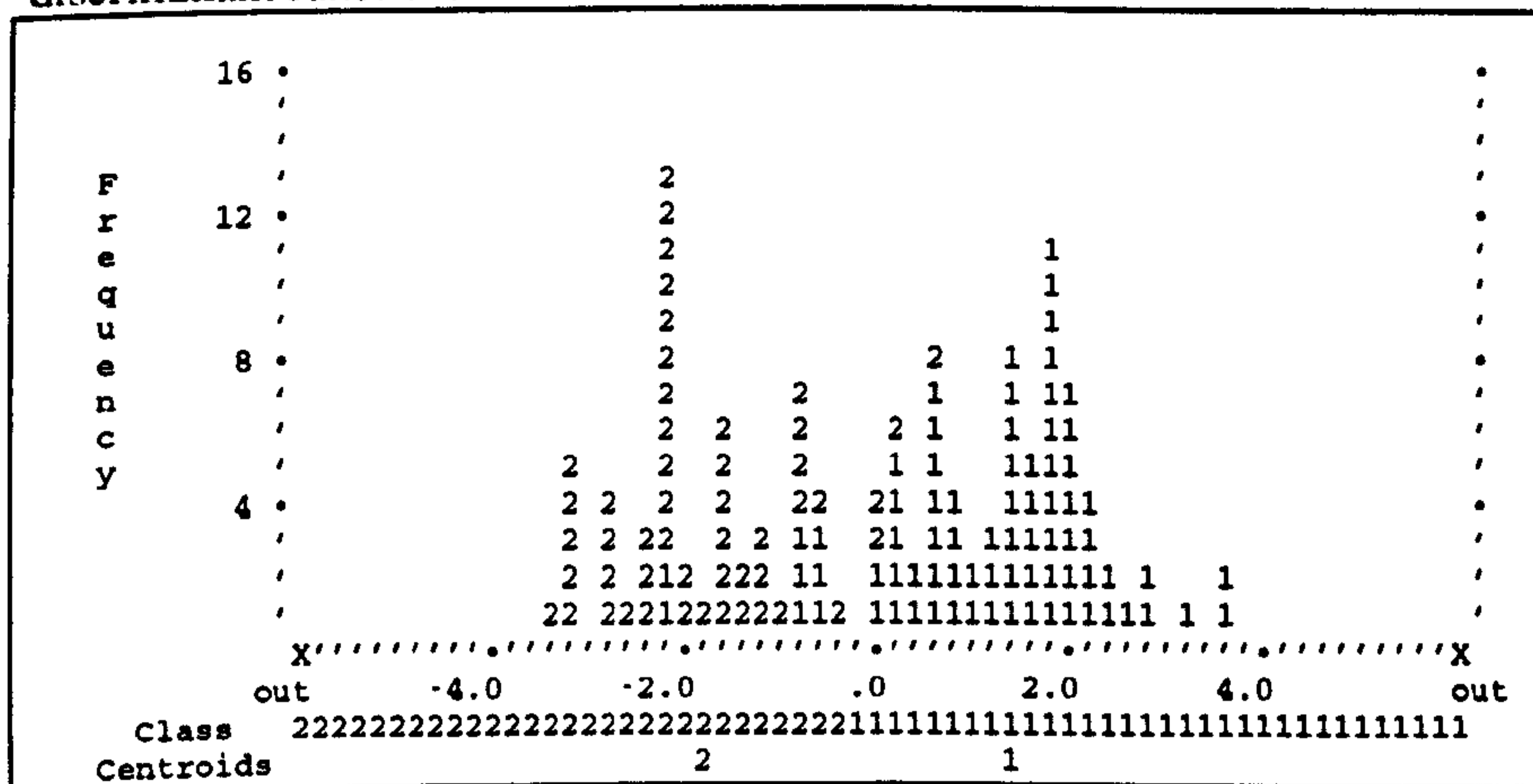
Canonical Discriminant Function	Eigen value	Wilk's Lambda	$X^2$	d.f.	p<
	2.4343	0.291179	138.188	10	0.0001

The results show that the two groups of young people can be identified on the basis of their answers to the SSMA. Percentages of correct classifications equalled 89.5% and 92% for those in care and those in the comparison group respectively, suggesting that once the function was used to categorise the two groups, it was successful in 90.48% of cases. This is a high rate of success.

The figure below shows the subjects' scores on the canonical variable, as calculated by the discriminant function. Cases identified with a '1' are comparison group members, while those with a '2' are in-care members. It is clear that the groups are distinctly separate, with only a few cases in which cases were miss-classified on the basis of the discriminant analysis.



Figure 4.1: Histogram showing subjects' scores on the canonical variable, calculated using the discriminant function.



**Legend:**  
x-axis: canonical variable  
y-axis: case frequency  
1= Comparison group  
2= In care group

When the results of the discriminant analysis are compared with the Wilcox and Vernberg (1985) distinctions of social support, it becomes apparent that the ten variables accounting for the difference between those in care and those in the comparison group, show interesting similarities. For one, three items reflect three of Wilcox and Vernberg (1985)'s support categories (empathy, love, and reassurance). The category of caring, as identified by Wilcox and Vernberg (1985), could arguably be seen in the two noticing items, where parents are reported to notice illness and good moods. The only Wilcox and Vernberg (1985) category not to be included in the ten items identified in the discriminant analysis is trust. This is particularly interesting as it was hypothesised earlier in this thesis that trust can be a difficult area for young people in the in-care group, and for this reason it would be expected that items reflecting trust would contribute to the differences between the groups in this analysis. Implicitly, however, many of the ten listed items embody trust, or trusting relationships.

The other interesting aspect is who provides these types of support. It becomes clear that the sources in the ten distinguishing variables differ according to the groups. For instance, it was expected that the young people would be distinguished on the basis of parents providing emotional support, and three out of ten variables do measure some aspect of parental support. However, more surprising is that other sources too contribute to the distinction between groups: an equal amount of variables are associated with family support (3), while friends (2) and partners (1), and 'other' sources (1) also contribute.

#### *4.11 Summary*

It has been demonstrated that the young people in the two groups varied considerably in their preferences of sources of social support, and that these preferences moved according to the type of support required. On the whole, sources of support available to the two groups of young people are considerably different and their preferences are therefore different as well. The young people in care reported more numerous sources of social support than the comparison group, whose focus for support were parents and friends. The larger networks of young people in the in-care groups appeared not to be influenced by gender or age, rather the number of years spent in care had an effect on the total network size. The results show that the young people in care have more, and more varied people to turn to for the various different types of problem, and that the young people in the comparison group in contrast, turn to fewer, more intimate and reciprocal sources of support. The young people with care experiences displayed a stronger tendency than the comparison group to turn to specific sources for specific types of help, mentioning people who might be able to do something about the situations described in the events, due to their status, position, or interests.

Friendships for both groups differed. Cluster analyses on friendship support indicated a strong influence of both gender and being in care or not, on cluster formation. The young people in the comparison group, and mainly the females in this group, displayed strongly affiliative and sharing friendships, whereas the males in the comparison group appeared to interpret friends more as providers of practical support, in particular if they needed a bed for the night. In addition, the analysis of variance carried out on friendship support showed a main effect for group membership (care, non-care) where those in care reported friends significantly less often as support sources than the young people in the comparison group. It is as if those in care do not trust friends to the same extent as those in the comparison group, or prefer to conceal their affiliative feelings from friends. The different qualities ascribed to friendship suggest that the care experience seriously affected the young people's social networks and their ability or willingness to initiate intimate relationships with others.

Differences between the groups became more apparent when all the SSMA items were addressed. Overall, significantly more young people in the comparison group reported turning to parents and friends for support, and the young people with care experiences mentioned social workers and other sources significantly more often. 'Other' sources often contained friends' parents, and other adults, with whom the young people in the in-care group might not have had a long standing relationship, but who were often either experts or generally helpful people, who might be able to



offer specific types of help, such as help finding a job, supplying a reference, and offering emergency accommodation.

The exploratory use of discriminant analysis indicated that the two groups can be successfully distinguished on the basis of their reported sources of social support. This is the case even when support providers specific to young people in the in-care group (such as foster and residential carers, and social workers) are eliminated from the statistical analysis. Interestingly, the results of the discriminant analysis show some overlap in support categories as defined by Wilcox and Vernberg (1985). The subcategory trust, however, did not appear in the discriminant analysis, suggesting that trust does not contribute significantly to the distinguishing features of the two groups. This is surprising in the light of the friendship and partner support cluster analyses, in which the young people in care consistently formed separate clusters, suggesting that trust was a problem for this group of young people.

In the next chapter the methods and results of the follow up study will be addressed.

## **Chapter 5: Follow up: small scale follow up of young people in care**

### **5.1 *Introduction***

A small scale follow up study was carried out with the aim of ascertaining whether the sources of support mentioned by the in-care young people in their first interviews had remained constant, or had changed over time. The follow up study took place 3 to 6 months after the first interview. The method will be discussed first, after which the results will be presented.

### **5.2 *Sample, recruitment, materials and procedure***

Fifteen young people (eight females, seven males) from the main sample of young people in care (N=50; almost a third of the original sample) were followed up between 3 and 6 months after the initial interview. Their average age was 17 years and 10 months, (S.D.=1.96) ranging from 16 to 24 years. All young people in the follow up sample were white.

The young people who took part were the traceable young people, and they had been traced either through themselves, their foster carers, residential home or social worker. For practical and financial reasons it was not possible to follow up those young people recruited in the London Borough, or those in the Local Authority further afield. This meant that the sample was restricted to the young people who had been interviewed at time 1 in just one of the Local Authorities. The reason that the sample in this Authority had not exceeded 17 young people at time 1 was that, concurrently with this research study, a large scale Department of Health funded project was being carried out, which required the co-operation of most of the young people aged 16 and over in the care of the Local Authority. Managers and social workers felt it was not justifiable for young people to take part in both studies, as they would become 'over-researched', and so it was only possible to gain access to 17 people.

A letter was sent to the 17 young people, asking for their co-operation. Self addressed envelopes were included. Of the 17 young people, 15 took part in the study. Two young men did not take part: one had moved locally, but no-one knew where to, while the other had joined a group of New Age travellers. A special arrangement was made for a young man who had been imprisoned since the first interview: he returned the questionnaire version of the SSMA together with the 'change interview' in a written form by mail.

The 15 young people who took part were still in touch with a residential worker, foster carer or social worker, suggesting that the sample may be self-selective. It is possible that only the young



people with good relationships with their carers or social workers took part in the follow up study, although it was only a minority who could not take part (2 out of 17 = 11.7%).

The first interview (time 1), as discussed in Chapter 2, consisted of a biographical interview and the Sources of Support Interview for Adolescents. The follow up interview (time 2) was shorter and lasted on average one hour. The Sources of Support Interview for Adolescents was administered as a semi-structured interview as before. Subjects were asked afterwards if they remembered whether their answers were different this time. If they considered they were, a reason was asked for this. In addition, the person was asked about the changes in the last 3 to 6 months which might have influenced their sources of support, such as changes of address, education, employment and changes in relationships. Young people were also asked if they had left care. Prospective changes were also noted, when young people knew a change would occur in the near future, such as a change of address.

The interviews took place in the subjects' own rooms or flats, and in one case in a common room of a residential home.

### **5.3 Results: demography**

The young people in the follow up sample (N=15) spent on average 7.13 years in care (S.D.=4.82; compared to M=7.34, S.D.=5.0 in main sample) and experienced on average seven placements (6.86; S.D.=4.41; range: 2 to 15; compared to M=5.96, S.D.= 4.2 in main sample). The Mean age of entry into care was 10 years and 1.5 months (S.D.=4.05; compared to 9.96, S.D.=4.69 in main sample). The young people in the follow up group were a little younger than the main sample (17.87, S.D.=1.96; compared to 18.4 (S.D.=1.95)). The follow up group members had therefore spent a little less time in care, in slightly more placements, and yet they were younger than the main in-care sample. Originally, the aim was to chart the support sources of young people while in care, and to follow young people up after leaving care. This theoretically sound idea was practically impossible. Many young people did not know when they were going to leave care, as not all young people leave at the age of 18. Some young people left earlier than expected, while others moved to half-way situations where they had not legally left care, but had left their previous care-home to learn to live independently. Even social workers were not able to predict young people's leaving date accurately. Social workers might know that a young person would legally leave care near their 18<sup>th</sup> birthday, but practical conditions, such as adequate housing, had also to be met. These practical circumstances were not always in the control of the social worker or young person and so delays and uncertainties of the leaving care date arose. It was therefore not possible to measure people's support sources while in care, and after leaving care.

It has been pointed out before, that young people in care and leaving care are a highly mobile group. In addition, some young people were hard to contact, either because they officially lived at one address, but actually spent their time at another, or because agreements to meet were frequently broken. The young people included in this follow up study were mainly in relatively stable circumstances which accounts for the reasonably high level of co-operation found here (15 out of 17 young people). The amount of change experienced by the young people in a relatively short period of time ( 3 to 6 months) illustrates the mobile nature of this group. Obviously a small sample as described here can only provide an impression of care leavers in the UK, and in no way does this sample claim to be representative. Rather, the impressions of the follow up findings will serve to illustrate in more detail some of the issues of support seeking and support provision as they may also be of relevance to the larger in-care group, as reported on earlier.

#### ***5.4 Results: multiple change and access to social support***

Below the young people will be described individually in more detail to demonstrate the complex nature of their relationships and access to social support.

The young people reported various reasons for entry into care. Three young people were beyond parental control, but the majority were in care due to reasons associated with parental care: divorce, single parents not coping alone and parent's mental illness. The majority of young people left care at 18 (six young people), while five young people had left care before reaching 18 years of age. Four young people were still in care. The Mean age of leaving care was 17.27 (S.D.=0.82). Most young people (eight) had experiences of both residential and foster care, while five young people had been in residential care only and two young people had been in foster care only. Most young people were in semi-independent (six young people) or independent (two) households at the time of the second interview, with two young people still in residential homes and one young person in foster care.

Of the 15 young people, ten (=66%) expressed dissatisfaction of the way in which social services had dealt with them. Two young people had no complaints and one person refused to answer the question. The most often voiced criticism involved decision making by the social workers. Often young people felt excluded from their reviews or from the general decision making process, even though legally they should be involved in those decisions. In addition, many young people had wanted to move on to better or independent housing, and many were still waiting for a place to live, for which they blamed the social services. This level of tension between the young person and their social worker frequently meant that even though social workers were named as a source of practical support, some faith in social workers as support providers had disappeared. Many



young people were aware that they needed their social workers to achieve the independence they sought, but often this relationship was one of mixed feelings.

Intimate relationships were provided by boyfriends and girlfriends. Young people's romantic relationships were varied. Four young people reported being with the same boy or girlfriend as at the first interview, while three young people reported having a new partner. Two young people had experienced a break up with a partner and had not forged a new romantic relationship. One young woman had made her existing romantic relationship more permanent by getting engaged, while one young man had married his girlfriend. One young woman had got engaged to a new boyfriend. Most young people shared their living arrangements with their partner. Six young people had no boyfriend or girlfriend. Two young people rated their relationship with their partner as reasonable and seven rated it as good. Two young people were separated from their partners by prison sentences. The fact that most young people shared their housing with their partner, points to the importance of partners in acquiring and maintaining accommodation. Potentially, if partner relationships change within a short period of time, the young people might find themselves turning to other people for accommodation, or in the worst case, homeless. Having a partner also meant that most young people had access to the social network associated with the partner, often including a partner's parents, or other relatives and friends, indicating the wider importance of partner relationships. Indeed, in the cases of two young people, imprisonment impaired the partner relationship, and this led to feelings of loneliness and isolation.

Family relations too, varied in their intensity. Many young people had no contact with one or both of their parents, while one young person had no contact with siblings. Seven young people had no contact with their father, while three young people had no contact with their mothers. Only three young people said their relationship with their father was reasonable or good, while 11 young people said their relationship with their mother was reasonable or good. Five young people said their relationship with their father was bad, while only one young person said that of their relationship with their mother. Most young people said they had good (five young people) or reasonable (five young people) relationships with their brothers and sisters, although three young people had bad ties with one particular sibling.

Four young people mentioned that they had stopped seeing certain members of their families, while four mentioned increased contact with family members. One young woman in a long term foster family was no longer interested in pursuing links with her birth family, after her initial curiosity was satisfied. She considered her foster family to be her true family. Another young woman felt that her relationship with her mother and brothers was causing her a lot of harm and

pain and decided to stop seeing them. She increased the links with her father and her boyfriend's mother instead.

Another young woman stopped seeing her mother, stepmother and brothers but had increased contact with her father. One young man had recently been re-introduced to his biological father who had undergone a sex change, so he was meeting a woman who had been his father. The young offender under a supervision order reported not seeing much of his family, with the exception of the other offenders in the family: his sister who was stealing, and his uncle who supplied him with drugs. Family relationships thus were both a blessing and a problem to the young people: one person could have an excellent relationship with a parent, while having a fraught relationship with another family member. These highly fragmented and differentiated relationships could not be taken for granted: often family relationships were fragile and prone to deterioration when challenged. While most young people reported reasonable relationships with some members of their family, this quality of the relationship did not necessarily mean the young people could count on their families for support.

Table 5.1 gives an overview of the young people's placements and the changes that occurred in their lives between the first and the follow up interview.

An interesting relationship change took place for one of the young women in the sample (number 2 in Table 5.1), since she had left care at 18. She had always had a close relationship with one of her former residential social workers, which had been actively discouraged by the care staff in her children's home and by her social worker. However, throughout her time in care she kept up this relationship illicitly and when she left care she felt relieved that this relationship was now 'allowed' again. Her explanation for her carers' refusal to let her keep in touch with the former residential worker was that the relationship would impede the worker's efficacy in her new job. She was not sure of the reasoning and felt it was not in her interest to let go of someone who meant so much to her.

The woman with fewest changes in her life (number 6 in Table 5.1) was still living with her foster family, was still unemployed and looking for a job, and had the same boyfriend to whom she was now engaged. She was frustrated and upset at the lack of jobs she was able to apply for, but in general happy with the support from her foster family and fiancé. This young woman's foster family had over time become her real family, so that the foster placement was not an issue for any of the family. There was no question of moving out, and seeking alternative placements, as this young woman belonged in her foster family as if it was her natural family. The level of security this relationship afforded, meant that even unemployed, this young woman never had money troubles, accommodation worries, or a shoulder to cry on.



Table 5.1: Follow up sample: Demographical details and changes between time 1 and time 2 in demography.

Sj*	Age	Sex**	Placement	Changes t <sub>1</sub> - t <sub>2</sub>
1	17	F	returned to foster home	moved house 3 times; fired from job; left boyfriend; returned to foster family
2	18	F	shared house with 'responsible resident'	from residential home to shared flat; relationship with ex-residential social worker now 'allowed'
3	17	M	still in B&B	lost job; new supervision order; girlfriend left
4	18	M	returned to foster home	new job; new girlfriend; back at foster home
5	16	M	returned to foster home	back to foster family; new contact with father; been hospitalised; attempted suicide
6	17	F	still in foster home	engaged; no longer sees birth family
7	17	F	supported lodgings	moved to supported lodgings; had few boyfriends; returned to college for GCSE's
8	16	F	at home, with mother, fiancé and child	baby due imminently
9	18	M	in prison	got married, and inherited 3 step-children
10	17	F	still in B&B	ectopic pregnancy; child off Child Protection register; sees mother and brothers no more; sees father and partner's mother
11	18	F	new B&B	new boyfriend, engaged; new B&B; had job, left, got job, left; accused of theft at YTS; closer to sister; better relationship with father
12	17	M	same residential home	new girlfriend
13	18	F	own flat	new independent flat; boyfriend in prison
14	24	M	still in homeless hostel	new job; preparing for college; no longer depressed
15	20	M	still in homeless hostel	preparing for college; appendix operation

\* Sj = subject number

\*\* Sex: M=males; F=females

Two young men (number 14 and 15 in Table 5.1) nearing the end of their stay in a homelessness hostel, who were a little older (20 and 24) than the others in the follow up sample, reported feeling much better about themselves and less depressed. They both had a renewed sense of purpose, as both were preparing to go to college, one to do a diploma in social work, the other to train in caring for the elderly. These young men had needed time out to deal with their psychological distress, and to formulate plans for the future, rather than dwelling on the past and problems associated with it. Their predicament highlights the importance of after care, as these young men had left care originally at the age of 18 and 20 respectively, and had made inroads to independent living for the last two, or four years. Having experienced a wide range of casual work and casual living circumstances, they both required further support, guidance and counselling to improve their circumstances. Their social networks reflected the rambling nature

of their recent past: friends lived all over the country and few people were regarded as intimate sources of support.

Some of the young people in the sample had specific dealings with the law (n=5), which had potential effects on social support providers. One young man was imprisoned, and felt isolated from his wife and children, and separated from his community and friends. He was sent to a prison more than 100 miles away from home, which meant visitors were very infrequent. Another young woman had a boyfriend who was in prison, again thwarting daily access to social support from him. A third young man was involved in crime (theft and drug taking), which led him to change his social networks in favour of relatives whom he also knew to be active criminals. An interesting case was provided by the fourth person, who was caught by the police after fighting in pubs and subsequently placed under a supervision order. This young man had considered that these organised fights would provide him with some money, and had agreed to co-operating with a relative. The supervision order meant that contact with this relative was frowned upon, and that keeping up with former acquaintances in the fighting scene was harder. This young man was lucky to be able to rely on his best friend throughout. The last young person was awaiting a court case in which the paternity of her child was to be decided. Her ex-partner wished to have access to the child, against the young woman's wishes. Her current partner was also not keen on the interference of this ex-partner, and the strain was obvious in their relationship. On top of this, the child was on the Child Protection Register, so that regular visits were made by health visitors, social workers and nurses. While the young couple still counted on and supported each other, the outcome of the court case was going to be a deciding factor in whether to continue the partner relationship. All these young people differed in the quality and duration of contact with the police authorities and the courts, but it is obvious that their circumstances had great bearings on their social networks. Furthermore, an important issue discussed here concerns separation or anticipated separation from loved ones, or from communities. Without access to partners, or relatives, the young people described here were at risk of losing their most important support provider, leaving the young people isolated and at risk. Ironically, it may have been the care experience, and family experiences of the young people which contributed to their current troubles, suggesting that problems might have been avoided had they been dealt with at an earlier stage. For instance, the young men charged with burglary stole for the money, and also for the thrill. Providing adequate resources for day to day care and leisure, together with training in seeking thrills within the limits of the law, might have avoided the separation they suffered at the time of the interview.

Table 5.1 shows that the young people were experiencing a great deal of upheaval in their lives between the first and the follow up interview. Some young people had moved house, or had changed placements, while others had redefined their relationships with other people. Three out



of 15 young people returned to previous foster homes after sampling a life of independence, which had not worked out one way or another. This returning is not possible for most care leavers, especially those in residential homes. Most leave care never to return to live in their original foster or residential home. The model of leaving care these three young people demonstrate, is more akin to young people leaving home: home is where one can return to, if need be. The security provided by these carers then can be seen to be similar to that provided in families, and the acceptance demonstrated by the carers indicates that the young people were allowed to take risks in their lives, and to learn from these. This safe security base, will help the young people to develop independence and competence (Bowlby, 1969).

The young people's family relationships were undergoing many and some traumatic changes. The changes, occurring over 3 to 6 months, presented themselves at a rate unthinkable in a population of any other young people or adolescents. While the changes in the young people's lives required immediate adaptation, the intensity of experiences must mean that young people were dealing with the aftermath of these experiences long after the current project was finished. Some of the experiences described above would be likely to result in psychological damage, and certainly considerable distress. Indeed, two of the young people (both males) admitted to considering suicide in the face of extreme adversity. Paradoxically, the majority of young people had left care and were considered independent at the time of follow up, suggesting that they were left to deal with their complex changes on their own, or within their social network. In fact, two young people who had been discharged from care two and four years previously, were currently being supported in a hostel for the homeless, after a highly mobile few years in which few solid relationships were built up, which might have helped the young people deal with their psychological distress. Some of the younger people in this sample may at a later date turn up at homelessness hostels, requiring further aid and support, suggesting that after care should include fluid arrangements, just as those provided for the young people who returned to their foster families. A secure base is not just promoted by legal obligations as laid out in the Children Act (1989), but also needs to be built on a trusting, affiliative relationships. This can not be regulated and organised by law and policy, rather this interpersonal relationship must grow and continue over the young person's life span.

Not all young people of course experienced life threatening or intense changes in their lives, some dealt with smaller and successive changes in their lives, but such changes too can be stressful. Most young people in the general population have to deal with career and employment problems too, but the level of family problems is excessive in the in-care group. In the face of stress, young people need their social networks to be stable, helpful and supportive. However, the young people's lives demonstrated constantly changing relationships: parents or grandparents were re-integrated into the young people's social networks, where previously they had been absent, and in

some cases, young people lost touch with their previously helpful relatives. The young people were experiencing constantly changing attachment figures, and subsequent losses. The associated feelings of rejection, mourning and possible trauma reduce a person's willingness and confidence to participate in social life. The ups and downs narrated by the young people in care provide a dramatic backdrop for their answers on the SSMA, as the intensity of experiences and relationship changes is expected to be reflected in their answers to the support measure. The reported support sources on the SSMA will now be examined, to examine whether support sources changed over time for this group of vulnerable young people.

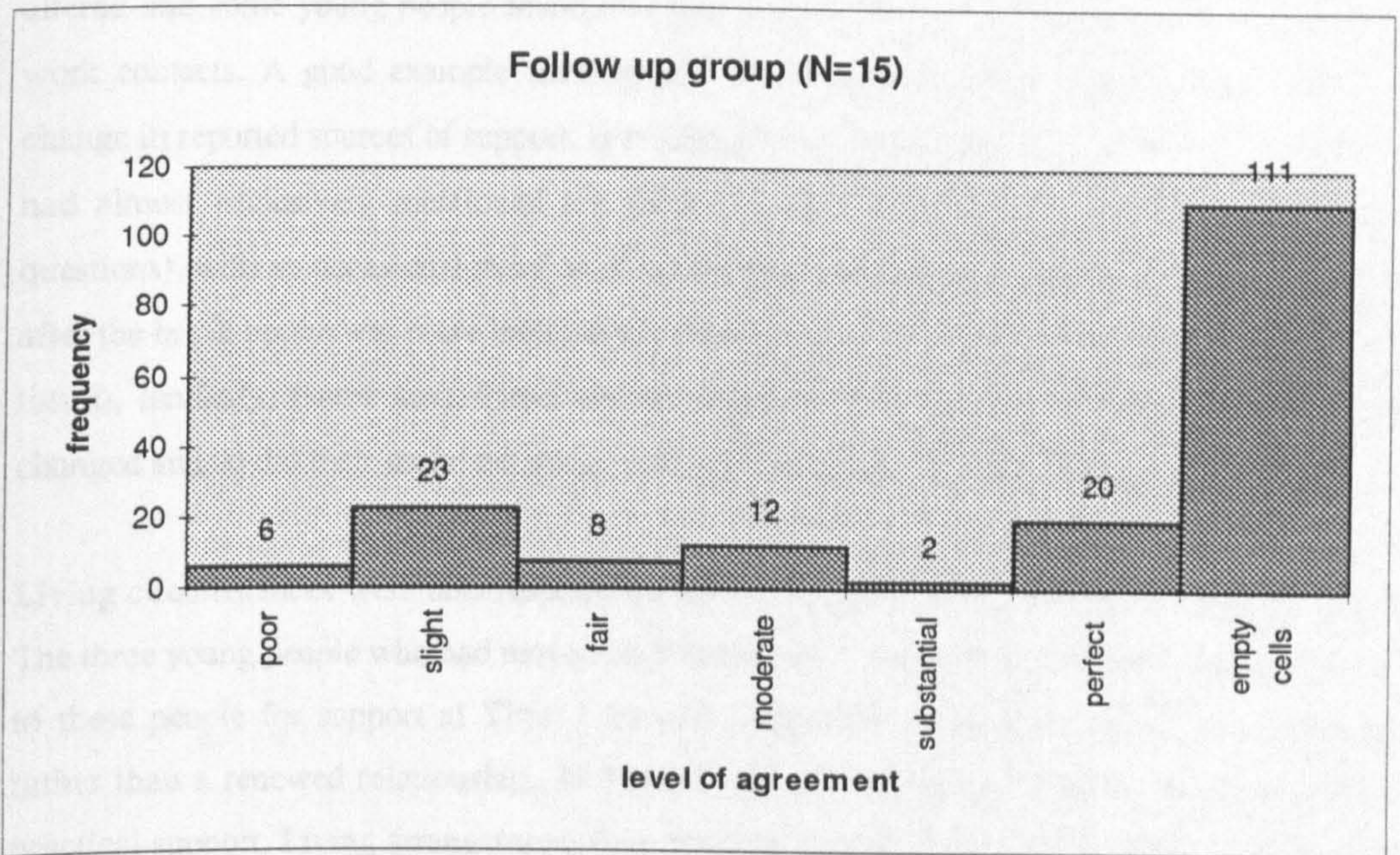
### ***5.5 Social Support Measure for Adolescents: time 1 versus time 2***

In this section the young people in the follow up group will be compared on their answers to the SSMA at Time 1 and at Time 2 (N=15), calculated using  $\kappa$ , as was done previously in the Methods chapter to test reliability over time. Kappa was calculated to determine the level of agreement at time 1 and time 2 (Everitt 1996). The expectation was that the young people's sources of social support would not have changed significantly over time. Kappa was calculated for 26 items, by 7 support sources, totalling 182 variables.

The results showed that for most variables (61% of variables)  $\kappa$  could not be calculated due to empty cells. These empty cells consisted mainly of support sources which were not mentioned at either time 1 or time 2. Only 11% of all variables showed a perfect match. A 'slight' level of agreement was found for 13% of all variables, and poor (3%), fair (4%) and substantial (2%) agreement was uncommon. Moderate agreement between times 1 and 2 was found for only 7% of the variables. Appendix 12 gives the full table of kappa values ( $\kappa$ ) for all SSMA items (26) by support sources (7). Table 5.1 shows the number of variables in each category of agreement level. The results show that the majority of values could not be calculated due to empty cells, but that of the remaining variables the majority showed slight, perfect or moderate agreement.



Figure 5.1: Figure showing number of variables in each category of agreement level, based on calculations of  $\kappa$  in the follow up sample (N=15)



Empty cells: in these instances  $\kappa$  could not be calculated due to empty cells. This was the case when a support source was not mentioned at time 1 or time 2, or both.

The kappa values have produced a slight artefact, as the amount of people who did not mention a source at time 1, and then did not mention this source again at time 2, were taken as perfect agreement. In fact, it would be more useful to examine whether the young people who said 'yes' to a source at time 1, did so again at time 2. In Appendix 12 a table is displayed which shows the proportion of 'yes' answers which stayed the same for each question. The table clearly shows that these values are very low, and rarely exceed 0.40 or 40%, suggesting that in very few cases the young people answered positively to each question and support source twice. These proportions thus show a very low consistency from time 1 to time 2.

The total number of sources of support mentioned in answer to the SSMA at Time 1 and Time 2 were also significantly different. At time 1, the young people mentioned an average of 11.33 (S.D.=3.18) people, while this number had reduced to 8.87 (S.D.=2.47) at time 2. This difference was significant ( $t = 2.37, p < 0.05$ ). The young people thus turned to fewer people, and different people at time 2.

The young people's social networks thus reduced in size over time, and many changes in reported sources of support were observed. This is in line with the earlier finding that the young people in this sample experienced a large amount of change in their daily lives in just 3 to 6 months. It seems likely that particular social changes accounted for particular changes in sources of support. For instance, young people re-negotiating relationships with former foster parents or birth parents



also mentioned these people as sources of support (see Table 5.1), whereas these people would not have been mentioned at time 1. Changes in jobs and education meant that day routines were altered and some young people found that they were no longer able to meet up with school or work contacts. A good example showing just one change in social relationships, but a large change in reported sources of support, is provided by subject number 3 in Table 5.1. At time 1 he had almost exclusively mentioned his girlfriend as a source of support (in response to 15 questions), with an occasional mention of his mother, social worker and grandmother. At time 2, after the break up, he was more inclined to report turning to his mother (whom he reported seven times), landlady, (same sex) friend and grandfather. The social arenas of the young people changed and so did their social network, even over the course of a few months.

Living circumstances were also responsible for the young people's choice of support providers. The three young people who had moved back to live with former foster parents had indeed turned to these people for support at Time 1 as well, indicating an ongoing supportive relationship, rather than a renewed relationship. At Time 2 these former carers were providing housing and practical support. Living arrangements improved the quality of support for the two young men in the homelessness hostel at Time 2, as they felt they had been sorted out and helped there and were now able to move on and live independently. This improvement may however have been due to general well being rather than living arrangements. Young woman number 2, who moved from the residential home to a shared flat mentioned her flat sharers and college friends a little more often than at Time 1, but she continued to rely on her main source of support: the former residential carer. Ongoing supportive relationships thus appear to satisfy a wide range of the young people's support needs, and a lack of such a relationship puts young people at risk of isolation and depression.

In summary, the young people in the follow up group experienced a great amount of change in their daily lives, and in their social networks, in a short period of time. In addition, some of the changes experienced by young people were highly traumatic, and were likely to have an impact far beyond the duration of the research reported in this thesis. On top of changing social worlds, and changing social networks, the young people were also required to deal with the traumatic events in their lives. So not only did the young people have highly problematic personal circumstances, they could no longer rely on people they had recently relied on for social support, rather, newer acquaintances were being called upon for support. Building up new relationships requires time, attention and patience, and it seems unlikely that the young people in the follow up group found it easy to expand their networks while being faced with taxing problems. The number of changes experienced by the young people were impressive too, with some young people enumerating five changes over a period of a few months, which affected their daily routine and their access to customary support sources. The young people describing separation from



partners appeared to be most at risk for isolation and depression. In addition, the young people who had left care a few years previously, and needed help in dealing with their lives, offered an illustration of the need for after care. Leaving care does not mean young people's problems have ceased, or that their curiosity about their past has diminished, rather new problems on top of old ones appear to compound the problem, necessitating further help.

As the young people's support networks displayed such drastic changes over time, it was decided to examine the young people's social networks in more detail. Each person's main source of support, that is the person mentioned most frequently at Time 1 and at Time 2, was scrutinised to check whether this source had remained stable, or had changed too, over time.

### **5.6 *Changes in primary support provider***

Changes in the main support provider give us more detail on which support sources remain stable over time. Table 5.3 examines the main sources of support for each subject at Time 1 and Time 2. In 8 cases out of 15 (that equals 53%) the main source of support had remained constant over time, although the number of times they were reported as answers on the Sources of Social Support Measure for Adolescents could have varied. These cases are starred in the table. The sample reported here is small and the results should therefore be interpreted with caution.

The young woman whose partner was in prison (no 13), reported turning to her male best friend more often at Time 2, while the young man whose girlfriend had left him (no 3) now reported turning more often to his mother. Two young men (no 12 and no 15) reported turning more to residential staff at Time 2, while they had cited their mothers as their main source at Time 1. The young man who had a new girlfriend (no 4) reported at Time 2 to turn more often to his male best friend. The young woman (no 7) who turned mostly to her female best friend at Time 1, was no longer living with her at Time 2 and now turned more frequently to a male friend instead. Lastly, the young woman in a foster family (no 6) reported her boyfriend as her main source at Time 2, while he had shared that position at Time 1 with her foster parents.

Table 5.3 shows that variations in sources of support are mostly due to changes in partner relationships (n=3), and changes in living arrangements, particularly when the main source of support was a live-in source (n=2). In addition, long-standing relationships such as carer-child relationships (n=4) and best friends (n=1) appear to be more likely to remain stable over time, than romantic relationships.

Table 5.3: Main source of support per subject, at Time 1 and Time 2, with the numbers of times this source was mentioned on the Sources of Social Support Measure for Adolescents in brackets.

subject number	T <sub>1</sub> main source (number of times mentioned)	T <sub>2</sub> main source (number of times mentioned)
1*	foster mother (9)	foster mother (20)
2*	Ex residential social worker (23)	Ex residential social worker (19)
3	girlfriend (15)	mother (7)
4	girlfriend (9)	male friend (10)
5*	foster parents (14)	foster parents (13)
6	foster parents (9) boyfriend (9)	boyfriend (12)
7	female friend (10)	male friend (7)
8*	mother (14)	mother (25)
9*	wife (7)	wife (16)
10*	boyfriend (15)	boyfriend (19)
11*	female friend (10)	female friend (10)
12	mother (3)	residential social worker (6)
13	boyfriend (10)	male best friend (17)
14*	girlfriend (14)	girlfriend (17)
15	mother (5)	keyworker (8)

\* identical sources mentioned at Time 1 and Time 2

## 5.7 Summary and conclusion

The young people in the follow up sample showed a great change over time in their reported sources of support, and in the size of their social networks. Most young people who were followed up had faced significant changes in their lives, practically and emotionally. Most had either recently moved house or intended to move in the future. In addition, many had experienced emotional upheaval one way or another. Some young people had broken up with a boyfriend or girlfriend and some had started new romantic relationships. On top of this, many young people mentioned either an increase or decrease in contact with particular members of their family, indicating the non-continuous family relationships discussed before. The levels of agreement between answers on the SSMA at times 1 and 2 confirmed these changing social networks. The young people's networks had shrunk compared to the first interview as well, suggesting that the young people relied on fewer as well as different sources of support. However, when the main source of support, that is the person most mentioned at Time 1 and at Time 2, was examined, this person had stayed constant for about half of the follow up sample (53%), indicating that for some



of the young people a level of consistency in their social relationships was present. Mostly, these continuous relationships were with former residential or foster carers (2), partners (3), and in one case a mother and a same sex friend. The question arises whether this current main support provider will remain constant over time in the future, since the young people's social networks are at risk of great change. Particularly those young people who relied on care related sources at time 2, such as foster or residential carers, but who used to fall back on their parents at time 1, may find future relationships hard to negotiate. When the young people leave care, their association with carers may end, suggesting a support vacuum after leaving care. In addition, those young people experiencing the constant cessation and renewal of relationships too, might find future relationships difficult. If relationships can be renewed so apparently easily, or cut off so apparently easily, then young people may repeat this pattern in the future. Furthermore, the young people in this small sample had to deal with some very traumatic experiences which surely affected their well-being and their access to social support. While this small scale follow up raises important issues about the continuity of the young people's lives at the end of their time in care, or when they have already left care, the sample size is too small to allow generalisation. A more thorough, long-term, follow-up study, based on a large sample, would demonstrate whether young care leaver's social networks change to the same degree as was found here.

In the next chapter, the implications of the results reported in chapters 3 and 4 and here, will be discussed to identify the most pressing issues for young people with care experiences.

## **Chapter 6: Discussion**

### **6.1 Introduction**

In this chapter the results will be discussed and placed in the wider context of what is known about young people's sources of social support. First of all, the young people's sources of social support will be discussed, relating the data to the Wilcox and Vernberg model, as discussed in Chapter 1 (see Figure 1.1 for the stressor-specific social support model). The young people's different support networks will be discussed, suggesting explanations for the differences found between the two groups. Further on, the care experiences of the in-care group will be discussed in connection with their relationship development over the life span and their access to social support. Lastly, the methodological limitations and theoretical implications of this study will be addressed.

### **6.2 Social Support**

#### **6.2.1 Structural aspects of social support**

The two groups of young people differed significantly in the number of people they reported to turn to for social support. On closer examination it appears that those in care turn to a wider helping network including more formal resources, such as social services departments and other helping agencies. Those with care experiences are more likely than the comparison group to have formed links with formal sources over the years and they would be able to access these sources purely as a result of having been in care. In contrast, the sources of support mentioned by the comparison group appear to remain stable across the different types of support, suggesting that the young people in the general population have more in-depth and long lasting relationships with others. This finding echoes Sarason, Pierce and Sarason's finding (1990) that most social support reported by college students came from a limited number of sources. For the young people in the comparison group social support is thus nested within emotional relationships. Their relationship with their parents included both emotional and practical aspects, where the young people were able to fall back on their parents regardless of the severity and nature of their problems. Not only positive events, but also negative experiences could be shared, indicating that parental support for this group of people is not just characterised by help when in need, but also by ongoing positive exchanges. This is not necessarily the case for young people with care experiences, who have easier access to experts, with whom an emotional relationship need not



exist. The young people could not rely on people who loved them no matter what, as could the young people in the comparison group. The young people's networks consisted mostly of people viewed as useful, or as commodities, rather than as loving, caring people. This suggests that the young people with care experiences develop their social networks differently, where they do not reciprocate as those who never were in care, but rather take what they can get, without offering support in return. The traumatic events in the young people's past may account for the young people's inability to provide support to other people, as they had not yet liberated themselves from their early deprivation.

Friendships were regarded as important to both in-care and non-care samples, with many of the young people relying on friends for emotional support. However, the conceptualisation of friendship within the in-care sample appears to differ from that used in the comparison group, as was indicated by cluster analysis on friendships support. Friendships for females in the comparison group had more sharing and affiliative qualities than friendships in the in-care group, suggesting that the friendships of the young people in care lacked this level of trust and depth. The young people in the comparison group thus described their friendships in a sharing, reciprocal manner, suggesting again that the friendships are embedded within an emotional relationship. The young people with care experiences by contrast, experienced many changes in their living arrangements and schooling, which necessitated the constant initiating and breaking of friendships. Furthermore, friends made in care would be more likely to be in care themselves and it is possible that such friends would be needy themselves, suggesting that give and take in such friendships would be difficult (Offer, Howard, Schonert and Ostrov 1991). The constant making and breaking of friendships would also contribute to the perception of friendships as temporary, diverting contacts, rather than on-going emotional relationships. Indeed, Stein and Carey (1986) stated that most young people in their sample of care leavers were interested in friends as companions to go out with, rather than as someone to talk to. The contents and rules of friendships thus vary according to previous experiences. The care experience seems to have contributed to narrower definitions of friendships in the in-care group. In addition, the young people with care experiences demonstrated an inability to provide support as well as to receive it (Youniss and Smollar 1985), suggesting that friendships are more one-sided in this population. Previous research has also suggested that vulnerable young people are more likely to turn to friends, rather than parents for support (Offer, Howard, Schonert and Ostrov 1991). Offer *et al* (1991) argued that the vulnerable young people may well feel helped by their possibly equally vulnerable friends, but wondered whether such support was as effective as support provided by parents to their children. In the case of the young people reported on in this thesis, the development and supportive content of friendships can be seen to differ from the friendships

reported by the young people in the comparison group.

The women in the combined total sample (N=150) appeared to use fewer sources, and were more intimate with them than the men, who spread their different types of news and sorrows around in less intimate relationships. This is consistent with previous research on both adult and adolescent populations. Argyle and Martin (1991) argued that men are less inclined than women to talk about their problems in the first place, preferring other coping strategies such as shared activities. Adolescent females and males also have different friendship patterns (Hartup 1992; Archer 1992; Feiring and Lewis 1989), with girls tending to restrict themselves to a few close friends, with whom they generally socialise in the home, talking about matters that concern them (also called girls' bedroom culture) (Banks, Bates, Breakwell, Bynner, Emler, Jamieson and Roberts 1992). Boys on the other hand, mix more in groups or gangs, outside of the home, and value shared activities more than chatting about problems (Kon 1981). In the research reported in this thesis, the girls' more intimate relationships were replicated, but only in the case of the comparison group, while no evidence was found for men preferring shared activities, even though there was some evidence to suggest that the men had larger networks, both in the in-care and comparison groups.

#### 6.2.2 'No-one' answers

As pointed out before in the results chapter, many young people failed to turn to anyone in particular when faced with one of the vignettes, suggesting that they may be more likely to use other coping strategies. Relatively large numbers of young people in both the comparison group and the study group mentioned no-one as a source of support for many of the questions. This finding is similar to that reported by Ackland (1982) who found that the majority of the female residents of a community home preferred to keep personal problems to themselves. Does this mean the young people in care prefer to keep their problems under their hat, or that they are lonely? The findings on average network size would imply that loneliness is not a particular problem for this sample, although some people did describe situations which might refer to loneliness. For instance, there was one young man in the in-care sample who mentioned few sources of support (five in total). He also displayed difficulties in basic social skills during the interview, for instance, he was unable to maintain any eye contact and spoke very quietly, directing his speech at a wall. Each question had to be repeated and his first response to most questions was unhelpful. He needed constant prompting and seemed ill at ease. His support sources included superficial contacts such as members of a religious sect with whom he had recently become familiar and he did mention that at times he was lonely.



Network size alone is of course not a reliable measure of loneliness, one could have few attachments, yet not be lonely. This appears to be the case in the comparison group, where parents and friends are mentioned over and over again. Rather than being lonely, these young people relied for support on the people with whom they had intimate relationships. The young people in care with the larger networks were in reality more likely to be lonely, as their networks contained more formal, and therefore more distant sources of social support. These sources would be unlikely to alleviate emotional loneliness, in the way secure emotional attachments could (Stroebe *et al* 1996).

No systematic data was gathered on coping strategies other than social support, but during the interviews it became clear that the majority of young people in the in-care group might turn to drugs and alcohol if they did not feel good. Mostly, young men might suggest they would go to the pub, and some young people reported taking E's, going to raves, or taking marijuana or LSD. As one young man put it:

*'I'd go to the pub, well, I am under age, but they don't know that. I wouldn't get drunk just sit and sulk. I would talk to the landlord and there's a couple of people that go there that are very good to talk to.'*

Male, number 4

Some other young people described turning to God in times of need: one young man said prayer soothed his mood, while two young women felt supported not only by Church elders, but also by the other members of their Church community. Members of the Church were thus important support providers for some of the young people, while other people derived support simply from talking to God. Listening to music was mentioned by two young men, while one young woman reported sleeping as a coping strategy. Some of these activities distract from the problem, while others have the potential of providing companionship. Organised religion, social drinking and drug taking may involve a companionship element, where the activity itself is just as important as the social support derived from other people.

Some young people felt it was inappropriate to turn to other people at all with their problems, preferring to sort things out themselves, even if solutions to problems might be hard to organise. Typically these active copers would mention formal agencies as sources of help when problems were out of their control. These young people tried to tackle their problems, rather than talk or ruminate about them. They tended to describe themselves as self-reliant, sometimes because they had lost faith in other people, and were unable to trust others. Some of the young people however

felt that their assessment of having to do things for themselves was an accurate state of affairs:

*'Some things you just got to do on your own, no-one can help you with some things.. like finding a job, I mean, there are no jobs, so I mean, who's going to help me find one?'*

Male, number 32

*'I don't talk to other people about feeling depressed, it's none of their business. They can't help me with it anyway'.*

Male, number 35

The more intimate problems were the ones least likely to be shared with other people, echoing once more the finding that the young people in the in-care group found trusting other people difficult. In addition, the social support sought for some practical problems was only regarded as worthwhile if the person providing the support would be an adequate person to tackle the problem at hand. Again, the young people in care were problem focused, aiming to alleviate their problems with the members of their extensive networks, rather than building up emotional relationships within which support could be exchanged. When the problem appeared to large or difficult to handle, other coping strategies, such as drinking alcohol and taking drugs were employed. Presumably the effect of the alcohol or drugs induced a sense of well being which could not be gleaned from social interaction with other people. So while the young people in this study did not turn to other people for all the items on the Sources of Social Support Measure for Adolescents, suggesting that other coping strategies too were used. These coping strategies, such as drinking and drug taking, may still involve a social companionship element, but this would be an additional bonus, rather than the focus of the activity.

### **6.2.3 Functional aspects of social support**

Overall, for all types of support, the young people in the comparison group favoured parents, friends, and partners, while the young people in the in-care group favoured friends, partners, other sources, and social workers. The young people in the comparison group reported their loved ones as support providers, while the young people in care reported their friends and partners, but also less intimate sources, such as formal and 'other' sources too. These 'other sources' were often friends' parents, or other adults in the young people's lives, such as a mother's boss at work, or a relative's friend. These sources were *ad hoc* providers of support, they were not necessarily emotionally attached to the young people. It is interesting to note that although the in-care group did not have parents to rely on as much as the comparison group, that overall other adults did feature in their social networks, even if the relationship with these adults could vary in



intensity.

The emotional networks of the young people also displayed this combination of both intimate and remote sources, suggesting that the inclusion of more remote support sources was not due to the fact that practical support would be derived from them. Interestingly, the young people in the in-care group reported emotional support sources who were rather remote to them, but intimate to their friends or partners., suggesting that the relationships with friends and partner afforded a larger, acquired network of the friends' or partner's relations and friends. While the relationship with the actual reported support source may not have been well developed or of long standing, the friend or partner who was an intermediary to this source, may have had an intimate and long serving relationship with the young person in care. So, friends and partners were important providers of emotional support for both groups, and their networks afforded the young people in care access to their extended network as well. Partners were more important to the young people in care than to the comparison group. The findings suggest that the in-care group did build up emotional relationships over time with friends and partners, but since many partnerships had not been in existence for long, it remains to be seen how stable these relationships are. Also, if the young person's extended network depends on their friends' and partner's networks, then all the changes in friends and partnerships have far reaching consequences for the young people's social networks.

Overall then the findings are in line with the hypotheses outlined in the introduction, which stated that differences were most likely to arise regarding support from parents and friends. Parental support was not available to the young people with care experiences, even if the young people mentioned feeling loved by their parents. In addition, friends were important providers of social support for both groups, but the content of the support derived from friends differed considerably, with the comparison group reporting more empathetic, sharing friendships than the in-care group. More specifically, the findings of the in-care sample lend support to the stressor specific nature of social support (Wilcox and Vernberg 1985) and to Cohen's (1992) observation that support is appropriate only in certain contexts, in that particular people were preferred for particular problems. Mostly, the relevant source was sought for the problem, so that the young people in the in-care group mostly mentioned turning to the source of the problem, suggesting that they thought this would get things done. In particular, for problems with social workers the young people would turn to their social workers. There were a few exceptions, where the young people would not turn to partners, even if they had an argument with their partner, indicating the young people needed a place to vent steam before considering how to handle this relationships problem. Surprisingly, this stressor specific pattern was not found for the comparison group, who

turned to their parents and friends consistently, regardless of the nature of the problem.

Stein and Carey (1986) pointed out that the majority of young people in their sample of care leavers had lost contact with at least one parents and sometimes other relatives too. This loss however appeared to be off-set by gains in foster carers or stepbrothers and stepsisters. This does not appear to be the case in the study at hand, where young people in the in-care sample appear to have gaps in support providers compared to the comparison group. In particular, the young people with care experiences have fewer people they trust and share their good and bad news with. A lack of confidants were a particular problem, together with a lack of practical support providers. While formal sources were enumerated as the foremost providers of practical support, there was a recognition among the young people that other people might not be able to help in practical matters, but rather that such things needed to be dealt with by the person themselves. Constantly changing social networks were however an issue for the in-care group, which may account for this lack of trust and emotional support. There appears to be a vicious circle here: if the young people trust few people, they have no opportunity to build up emotional relationships with other people, and yet if they do manage to build up an emotional relationship, they may feel threatened by its emotional content and their own reliance on this person, resulting in the breakdown of the relationship. This constant making and breaking of relationships, approach and avoidance, contributes to the young people's instability and lack of enduring emotional ties.

The young people in care invariably had less access to formal educational sources, such as teachers and employers, although they were more likely to have access to formal Social Services related sources than the comparison group. It is possible that the level of individual interest from these formal sources differs, as social workers have large case loads and little time, while teachers and employers may take more of an individual interest in a problem adolescent. This group difference in access to social support is not unique. For instance, when Gottlieb (1991) examined the effects of class on support providers to adolescent boys, he found that the middle class competitive and academically successful young men tended to turn to expert adults such as teachers and other school based resources. The young men from working class families on the other hand turned more to their peers and these young men were not at school to access school based support systems. Daily interaction, and the quality of this interaction, can thus be seen as important mediators to support.

Some of the young people in care had employers or fellow workers in their daily networks and reported turning to them at times. Gottlieb (1991) has argued that young people in work tend not to turn to adults at work for support. Possibly this is the case when young people have a wide



choice in support providers when they might prioritise those people most likely to be responsive, while in the case of young people in care that choice might not always exist. In addition, fellow workers or bosses were often mentioned by young people in care as people who would notice when they were ill or depressed, indicating that for some young people the work situation was the most intimate interpersonal experience of their lives. While social support at work, and the lack of social support among unemployed people is well documented (House 1981; Ullah, Banks and Warr 1985; Argyle 1992), work related contacts are rarely of an intimate emotional nature. Instead, work provides companionship and shared work activities, and often contacts in work are not continued outside working hours. For the young people in the in-care sample then, contacts who are generally regarded as superficial and work related, acquire a meaning far beyond the work place. Employers and co-workers might find themselves providing rather more support, and a more emotional type of support than they might towards other workers. Again, the reciprocity of such relationships is doubtful: it is unlikely that the young people's colleagues rely on the young people in the same way.

The older the subjects in the in-care group were, the less likely they were to count on parents and relatives for support than the younger in-care sample. This similar finding was apparent in the follow up study where the young people were even less likely to turn to parents and relatives and more likely to turn to social workers and foster or residential carers. Possibly the older people are more likely to turn to specialists, than their younger counterparts are. This finding strengthens the hypothesis that the young people with care experiences have not had the opportunity to build up nourishing emotional relationships with other people, and that as time goes on, they continue to call on formal sources for help, rather than initiate emotional ties. However, further investigation is needed, since there was not enough data here to examine this matter further.

Many young people in the in-care sample were more inclined not to want to turn to anyone for support on many items. This means that when the young people do favour one type of source over another, it is still only less than half the young people who would favour this source. Stein and Carey (1986) pointed out that quite a few young people in their sample of care leavers were intending to remain self-reliant, either because they were too proud to ask for help, or because they had difficulty asking for help. This is reminiscent of the work of Fisher and Phillips (1982) who stated that people need to receive the appropriate type and amount of support, but they also need to be able to ask for help. Berndt (1989) has suggested that forming and maintaining friendships requires special skills and it may be that adolescents lacking in this area would benefit from specialised training. The young people reported on in this thesis appeared at times also to be self-reliant to the extent that they would not ask anyone for support, rather they would

rely on other methods of acquiring what they needed. Again, a picture arises of young people aiming to get what they need from their network, or in other ways, suggesting again that social networks form a useful tool for the young people, rather than an emotional investment. While social skills training might teach the young people appropriate skills for forming and maintaining relationships, for some very self-reliant young people social support networks may not be altered in this way at all. The young people may never view relationships as emotional attachments, rather continuing their relationships with others with future benefits in mind.

In addition, when the majority of the young people in the comparison group favoured their parents, the cumulative scores of support in general, emotional support overall and practical support overall indicated that the young people in care might name other sources taking the parent's place, such as foster and residential carers, social workers, and 'other' sources. It appears though that not one source on its own is taking the place of parental support, rather a number of different sources together combined take the parent's place. The young people in the in-care group appear to be spreading the burden of support provision over many different people, ranging from peers and friends, to social workers and foster or residential carers. Again, this appears to strengthen the notion that stressor specific support is demanded from specific sources.

#### **6.2.4 Emotional support**

The young people in the comparison group reported their parents as sources of trust followed by friends and partners. The in-care group was inclined to trust friends and partners, while a minority would trust their foster or residential carers. It is as if the parental trusting role in the comparison group is shared among various sources of support for the young people in care, even if the relationships reported by the in-care group are not of a similar consistent and permanent nature. Ackland's (1982) finding that young women were unsure in how far they were able to trust their residential carers is thus not corroborated here, since a minority of young people do report turning to these professional sources. Often the young women in Ackland's study felt their problems were none of the staff's business and that staff were not interested in their problems in any case. The findings of this thesis indicate a more complex ambivalence about help and support from residential and foster carers, since some young people reported not trusting their carers at all, while others displayed a heavy reliance on them, even calling them their parents. Not only does reporting to seek support from carers depend on the specific problem at hand, wide individual differences in the young person-carer relationship appear to exist. Uncovering the complexities of these relationships will require further research into not only personality variables, but also relationship characteristics.



In the case of the trust items of the Sources of Social Support Measure for Adolescents, a problem arises with the face validity of the item concerning the writing of a letter. This question could be construed both as a trust item, where one has to trust the other person enough to expose one's faults, or as an item of instrumental support, where the support provider is giving actual aid. It is therefore possible that this item confused the findings on this category of support.

Sources of love to the young people in the two groups varied a lot, with the majority of those in the comparison group reporting their parents and friends, while the in-care group mentioned friends and partners more often. However, the second 'love' item asked who would bend over backwards to help the young person out of trouble and this may also have been interpreted as a more practical help question. This might explain why social workers and foster and residential carers featured in response to this item.

The young people in the comparison group mentioned their parents and friends as most important sources of reassurance while the in-care group nominated friends alongside partners, carers and others. Sources of acceptance see a similar picture with the in-care sample favouring friends, partners, carers and others, while the comparison group once more nominated friends, parents and partners (in that order).

One of the items on the empathy subscale referred to stress in dealings with social services and so this item was not applicable to the young people in the comparison group. The empathy sources of most importance to the comparison group were once again friends, parents and partners (in that order) while those in care also favoured friends, followed by partners and others. Friends are therefore important providers of empathy, especially if problems are non-specific. In answer to the social services item for the in-care group, most answered that they would turn to social workers and residential or foster carers, once more indicating the young people's desire to deal with the appropriate person for the particular problem and lending support to the stressor specific nature of social support (Wilcox and Vernberg 1985; Cohen 1992).

The question on whom the young people would turn to after conflict with carers (parents for those in the comparison group and residential or foster carers for those in the in-care sample) showed that in this instance the groups were both most likely to appeal to friends, mostly to talk things over with, or to engage in an activity which would make them forget the nasty incident. The young people in care were a little more inclined to discuss the problem with their carers (foster or residential carers) than the young people in the comparison group, of whom only 5% would talk

to their parents. This difference is interesting, and appears to suggest that the young people in care are again more likely to take up the problem with the source directly. When Ackland (1982) asked young women whom they would discuss a personal problem with, just over half said they would talk to no-one, while 15 (38%) mentioned being prepared to talk to a member of staff, and ten would talk only to another resident. Most young women however stated that they would turn to the appropriate person depending on the exact problem, demonstrating the stressor specific nature of social support (Wilcox and Vernberg 1985). The question of the young people's favourite people increases the already convincing evidence on whom the two groups valued most. In order, the young people in care favoured: partners, relatives, friends, others, parents, carers, and lastly social workers. The young people in the comparison group also preferred their partners, followed by their parents, friends and relatives. The importance of other relatives to young people in care may be added to by the young people with children of their own: it was common for those with children to name them as one of their loved ones.

#### **6.2.5 Practical support**

Information was likely to be sought from parents and friends by the comparisons, while those in the in-care group relied mostly on social workers. Many young people in care gave no answer on this item. It seems likely that many young people in care had experienced accommodation problems and due to their familiarity with social services would perceive their social worker as the person most likely to be able to achieve anything.

Young people in the in-care group mentioned others and social workers as their most important sources of instrumental support while the young people in the comparison group again favoured parents and friends. Young people in the in-care sample often had recollections of problems as described in the Sources of Social Support Measure for Adolescents items, while it appears likely that the young people in the comparison group would not have first or second hand experiences of the same sort. It is therefore possible that the young people in the comparison group did not estimate very accurately how friends for example would be able to help them. In addition, Stein and Carey (1986) pointed out that in their study most social workers were great providers of material support, in that they secured leaving care grants, housing and furniture, and even jobs for their clients. The young people in care may well be more sophisticated in playing the system, and they may be more aware of their legal rights since they have had more experience with the child care legal system than have the comparison group. It appears again that the young people in care are able to access a network of specialists, while the young people in the comparison group access their affiliative network for the same problems. Since the actual support provided was not



measured, it is unclear whether there would be a difference in effectiveness of these sources of support. It is possible that the young people in the comparison group are expecting too much of their nearest and dearest where practical support is concerned.

Young people in care and in the comparison group also varied on who would be the first to notice changes in their everyday life, be it in mood or health. Those in the in-care sample mentioned their partners and other sources, which mostly meant colleagues or bosses at work, acquaintances or teachers at college, while the comparison group again mentioned parents, friends and partners as the most likely to observe changes in them. This finding illustrates how the young people in the in-care sample are more reliant on more remote sources of support, such as formal structures (work/school). Often too, the young people in the in-care sample would mention themselves first and then start to think of who else might notice these daily changes, indicating once more the self-reliance also mentioned by Stein and Carey (1986). Few of the young people in the comparison group did the same thing, suggesting that they are more aware that others are taking day to day care of them. Possibly this is a reflection of Sarason *et al*'s (1990) 'sense of support', which they found was a stronger feature in students with happy family lives, as opposed to students in disharmonious families. While Sarason *et al* (1990) argued that this can be seen as a personality trait, in the present study it may have a social learning element: when young people in care learn that no-one is keeping a close eye on them on a day to day basis, this learned response may persist into adulthood.

### **6.3 *In-care: access to support***

#### **6.3.1 Care histories and access to support**

The young people in care do not appear to be adversely off in terms of numbers of people they can turn to, however the type of people they turn to for particular problems is different from the support sources mentioned by the comparison group. In fact, a Discriminant Function Analysis demonstrated that the young people with in-care experiences were distinguishable from the comparison group on their answers to the SSMA alone, suggesting that their support providers are markedly different from those young people not in care. Those in care reported turning less often to parents, obviously, as parents were not the primary caregivers for this group, while friends were important sources of empathy. While the young people in care described loving their parents, they could not count on parental support in the same way as those in the comparison group could. In addition, the young people in care more often reported turning to specific sources for specific problems. The young people in the comparison group reported turning to parents and

friends most often. For both groups, romantic partners were important providers of support. While most young people with care experiences lived with their partners, few had the same partner at time 1 and 2. Often a break with a partner meant that circles of friends had changed or narrowed down and this relationship void was often filled with a new partner. Some young people had become engaged or married. Relationships with family members were similarly in flux, with some people ceasing contact and others initiating contact with particular family members. This question of negotiating and re-negotiating relationships with biological parents gives some idea of the complexity of the young people's social networks in comparison to those of young people without care experiences. The amount of change described by some individuals was phenomenal and contrasted sharply with the continuity most 'normal' young people experience in their families.

The young people in care consulted a wider network of potential supporters, which included more formal agencies. The young people in the comparison group on the other hand, consulted a smaller network, of more intimate people, such as parents and friends. On the face of it then those in care have access to a wider support network, some of whom are a direct result of the care experience. For instance, residential and foster carers, as well as formal social work agencies are accessible more easily to the young people in care who have had prior experience of these, but these people need not be intimate confidants. Indeed, these support providers are carrying out their job duties by providing support to young people. The young people in the comparison group by contrast appear to have an affiliative network, which they feel cares about them and helps them when in need. Formal agencies are still available to this group, even if they are less knowledgeable about getting help from these services, and even if their need for this type of support may not be the same. The young people in the comparison group receive support from their loved ones, and a lack of support is not a reality of their lives. By contrast, the young people in the in-care group cannot count on their loved ones in the same way, and have to consult wider to receive the support they need. For the young people with care experiences social support consists of connections with others they have to strive for and work at, while the young people in the comparison group can take their social network for granted. Below the young people in care will be discussed, focusing on care histories, and attempts will be made to explain the social support findings.

### **6.3.2 Entry into care and limitations of the interview data**

Young people mentioned a variety of reasons for entering care. It must be noted that the reasons the young people gave are the reasons they knew to be true or wanted to mention. A few young



people were unclear on the exact course of events and were looking forward to receiving their Social Services files to fill in the missing details. In some cases young people became upset talking about the reason they were put into care. If it was felt inappropriate or disrespectful to probe any further than e.g. *'My mother couldn't cope'*, that statement would be taken as final.

It is possible that some young people recounted sanitised versions of their lives, making them more socially desirable. On the other hand, some young people may have overemphasised certain extreme matters, to be sure to call attention to these phenomena. This appeared to be the case when one young woman constantly diverted from the SSMA to recount gruesome tales of other people she knew in children's homes. Her answers to the SSMA however, were accepted as genuine, because they showed no indication of overemphasis or understatement. While some young people may have wanted to over- or underplay certain events, the majority appeared honest and motivated to contribute their stories. Even if some of the stories about being in care were embellished, this would have a limited impact on the reported sources of support.

More females than males said they entered care as a result of bad relationships with step-parents, and more females said they were in care due to abuse or neglect. It was not possible to access the young people's formal Social Services files to compare reasons cited by the young people with the reasons recorded by social workers. It would have been interesting to investigate the reasons for entry which were vague (e.g. divorce) or in one case, not given. It is possible that some of such vague reasons may have included abuse or neglect. Furthermore, it would have been interesting to compare the young person's version of events with that provided by a social worker. This would have the potential of illuminating areas the young people neglected, or might have put the young people's renditions of extreme experiences into perspective.

In addition, young people's memories of past events may have been distorted. Certainly in this population one would expect that to be the case, as some of the childhood events young people described were extremely unpleasant and traumatic. Stein and Carey (1986) too found that many young people in care had gaps in their memory and a lack of knowledge not only about themselves but also about their parents, their time in care and other people. Therefore, data on the age and reasons of entry into care, may have to be taken with a pinch of salt. Similarly, those who did not yet have access to their files or knew little about their families, were not always sure why they had been put into care. The aim of this thesis however, was to investigate the young people's experiences, and their accounts of these experiences. If these accounts contain gaps then these are taken to demonstrate the context of the young people's daily lives, their sense of self, and the lack of control they perceived over their lives. Freeman (1993), more philosophically, has argued that

the personal narrative is in many ways influenced by the unconscious and so it becomes hard for anyone relating their life history narrative to distinguish between fact and imagination. The young people's imaginations, their memories, memories of other people they knew and the interview situation itself may have influenced the type of information gathered. Again, a contrast with information from social workers would have proved interesting.

### 6.3.3 Attachment, rejection, loss and confusion

The young people's sources of social support and their memories of parental and other relationships were undoubtedly related. In the sample of young people with care experiences topics of attachment, abandonment, and loss were manifold. These experiences had led to feelings of rejection, confusion and self-doubt in many. This section will describe some of the young people's experiences, their feelings and the link with current relationship formation and maintenance.

It was mentioned before that some young people had gaps in their memory because of their traumatic experiences as a child. One young man said he had no recollections of his childhood prior to the age of 10.

*'Honestly, I can't remember anything from when I was below 10, I can't remember a thing. If I read that (file at social services) then I might be able to remember things from when I was younger.'*

male, number 14

This young man was not untypical in not remembering, or in not knowing about himself and his family. These statements of gaps in personal knowledge and the finding that many young people had trouble remembering childhood experiences is reminiscent of Kobak and Sceery (1988)'s study on students, who found that the group who were dismissive of their attachment experiences in infancy had trouble remembering details of their childhood. They also rejected their parents and peers, did not feel loved as children, but paradoxically had a tendency to idealise their parents. They felt lonelier and less supported by their families than the other two groups studied, who had happier recollections of childhood attachment. The students in Kobak and Sceery (1988)'s study were still suffering from their attachment experience later on in life, and it seems that this was the case for the young people in this study too.

A further example of lack of family knowledge is provided by a young woman who had always thought that her grandmother was her mother's sister, until she was told the truth when she



reached thirteen. While these omissions of the truth may not appear very serious, this young woman felt cheated, and lied to, and was therefore not sure whether to trust her mother and grandmother again.

*'You know, I thought: well, what else have you lied about? Is my brother not my brother either?'*

Female, number 18

It is clear from this example that the gap of knowledge in itself can be difficult for young people, but that gaps filled in with lies can lead to breakdown of trusting relationships. Seeds of doubt spread, and increasingly young people find it hard to trust anyone else. This was demonstrated in the young people's social networks too: they were not based on trusting, affiliative relationships, but rather on a wide range of helping professionals and other people who might be useful. Trust is still important in accepting help from others, but wider social networks make it easier for young people to spread themselves around, avoiding intimate and deep relationships with others in which they might become too vulnerable. This vulnerability, or lack of security, exemplifies the lack of basic trust and secure attachment experienced earlier on.

The cycles of loss and attachment the young people in this sample experienced were at times extreme. One young woman recounted how she left care at the age of 16 to live with her grandmother in the North of England, whom she had had no prior contact with. Not surprisingly this did not work out very well. She said casually:

*'I had never seen her, but I wanted to. So when she asked me to come up to see her, I did, and then asked me to live with her and it just fell apart from there really. And then, one Sunday afternoon my Nan told me she didn't want me there, so Sunday I came down here, so that was it.'*

Female, number 1

A relationship enthusiastically made, and then broken within two months. The reason the girl had been keen to pick up this relationship was that her natural mother had deserted her as a child and had never made contact. Contact with the grandmother meant filling in a few gaps in her personal past, and restoring the familial relationship that had been lost to her for many years. It is possible that high mutual expectations of instant love and acceptance contributed to the breakdown of this arrangement. Two months is a short period of time in which to get to know another person well, particularly if this relationship is burdened by a problematic past. Luckily, this young woman had foster carers who received her back in their home, even though they had no legal duty to do so.

Many young people expressed feeling either confused, angry or bitter towards the people

responsible for their entry into care. Often the blame was shared between parents, step-parents and social services or one particular social worker. The male cited earlier who had no memories of his childhood continued:

*'I asked my father recently why he and my mum split up and I asked my mum and you get one story from one and one from the other and you never get the answer. It's not worth asking. You're never going to find out why you went in care in the first place.'*

male number 14

This young man was looking for one answer to his troubles and could not accept the conflicting stories both parents told him. He describes that his mother and father saw the events leading to his being taken into care differently, and yet he does not recognise that their accounts stem from their memories, and their own needs rather than his. In truth, while many young people want to know why they were taken into care, it could be that no factual answer would suffice. What the young people appear to be grappling with is the extent of their abandonment, the loss of their parents and family, for which no practical answer may be acceptable. This preoccupation with the past continued to influence the behaviour and social networks of the young people. The young man described here said he was thinking about his past a lot and neglected his wife who nagged him to talk to her. He felt he could not talk to her, as he did not want to make himself vulnerable by opening himself up. This block in emotional sharing resulted in tension in their relationship. While wives and husbands are commonly the most important source of social support to adults, this young man clearly found it difficult to establish this level of intimate relationship. Again, a lack of trust is evident in this relationship.

Another young man had been thinking about his childhood and parents a lot prior to the interview, and thought that talking about his experiences may help clear up some problems. Previously he had tried to deal with his problems by taking drugs and alcohol. The rejection by his parents was the main source of his troubles.

*'Why did they want rid of me? why? I found that things have happened to me as a kid and now I'm thinking about them. I realise now that they affect me today... I was basically rejected by my parents at a very early age... I was talking to a lady before Christmas and I remembered her face, but I couldn't remember who she was. I was a baby when I first met her and she said I used to call her Mummy and one of the members of staff I used to call him Dad. That's the sign of a kid who doesn't know what he's at, who doesn't know what's going on, who's totally lost.'*

male number 23



Again, searching for the reason of entry into care appears only to be part of this young man's quest: he simply cannot understand why it was ever necessary for his parents to abandon him. This question formed a preoccupation which hindered his progress in other arenas. For instance, when asked if he had a girlfriend, he replied that such a relationship would be too much hassle. He needed all his time and attention for himself, rather than relating to other people. Furthermore, friendships were only upheld if the other young people were prepared to listen and talk, and particularly his brother was proving a valuable friend, probably because he too was going over the past in his mind. While there is thus evidence of empathy and sharing in this relationship, other relationships were either discontinued and new relationships not entered into, because of the importance of past events. The only other relationship which was discussed in detail concerned the lady he remembered calling 'Mummy' when he was a child. Before social networks could grow and develop, this young man needed his answers.

Other young people also discussed rejection by their parents. Some felt that their parents owed them an explanation and an apology, and stated that the rejection had tainted their trust in their parents. Some young people felt they were missing out on a relationship with a parent compared to their peers.

*'She wasn't there for us and she had her choice when we were young and every time she chose men and I started to hate her for it. I can't talk to her like most parents and daughters do.'*

female number 10

This relationship with her mother became more negative over time, as the young woman felt her mother did not afford her daughter the priority she felt was due to her. The effect was that the young woman felt she need not take any notice of her mother, and a conflictuous relationship ensued. This conflict became what the young woman was used to and she continued to fight with her partner as well. Arguing, rather than basic trust, was what the mother - child relationship had resulted in and arguing continued to be the focus of any other intimate relationship, with her partner, her siblings and even friends.

In one young man the preoccupation with his family had brought on a clinical depression two years after leaving care, which resulted in his losing his accommodation and job, necessitating his starting all over again. This rejection and confusion of feelings has been previously reported in, amongst others, the work of Stein and Carey (1986). Consistent with attachment theory, the young people's experiences of loss and rejection impaired the forming and maintaining

relationships with other people. Furthermore, the preoccupation, worry and destructive feelings of anger and even revenge preoccupied many young people, suggesting that these themes can block the young people's emotional and social development. So although the young people reported on in this study are in need of social support, they are less able to receive it than those young people, with lower support needs.

One young woman tried to explain her mood swings:

*'I can get very moody over anything, or just click into moods. I have had these moods since I have been in care. I think it's a mixture of being depressed and being angry, I think it's all different things just pile up and that's it, and I'll blow my top, or get in a mood.'*

Female, number 1

Again, mood swings as a result of a preoccupation with the past, impede this young woman's emotional development. Unable to vent her anger and to examine the source of her depression, she attempts to carry on her life as if nothing is the matter, blowing up inexplicably at regular intervals. This level of worry, anger and resentment is unhelpful not only for one's emotional state, but also for one's practical situation. This kind of adverse aftermath of traumatic or disturbing experiences is hard for individuals to deal with, especially if young people try to cope with these complex matters without appropriate support. Occasional support from a professional network may not suffice, while partnerships and friendships may not offer an opportunity to explore such extreme and unpleasant topics. For some, psychotherapeutic help prior to leaving care, or while living independently, seems indicated. This type of assistance is already commonly available in other EC countries, as part of a care package. Helping the young people to come to terms with their experiences, despite the patchy practical reasons cited for their entry into care, might help build them up for a more secure adult future. It seems ill advised not to address these matters as early as possible if they might return at a later stage, as they did in the young man mentioned earlier.

Often young people had not spent one, but several episodes in care, and the constant changes in family and home life had left their scars. Some were unsure how long they had lived in certain children's homes and in which ones they had stayed. It was not uncommon for one address to be forgotten until near the end of the interview. The relationships built up with the successive carers were mostly superficially evaluated: *'she was nice'*, or *'I didn't like him'*. Most placement changes were not initiated by the young people, but in some cases young people requested a change of placement because they were unhappy about their care, or because they did not get on with the new carers. The discontinuity of care meant that some people never built up a



meaningful relationship with an adult at all, rather viewing carers as commodities afforded to them by law. A variety of relationship qualities was reported, as former carers were described as a friend, like an aunt, or like a social worker or teacher. Changes in placement were often associated with changes in school and so school friends were not consistent either. The young people were not only constantly trying to build up a relationship with new carers, new homes, and new schools and teachers, but also with new school friends. The level of upheaval experienced by the young people was thus far reaching and not in their own control. The ideal of short-term placement, or speedy return home as discussed in chapter 1, was thus not found in this sample. Of course, this sample was recruited before the Children Act 1989 was implemented, and even those still in care under the Children Act 1989 would be in the last stages, so that the family support ideology of the Children Act had passed them by.

Many young people had lost contact with at least one parent. Some young people felt they would be upset if they resumed contact, others could not resist keeping in touch and felt let down several times over. Again, this loss of contact with parents is also documented by Stein and Carey (1986). The young people who had strong relationships with a stable adult figure, such as a former foster parent or residential carer, grandparent or other relative, or even with a group of friends, or their partner, appeared quite capable of absorbing these disappointments. A few young people in this study had not only lost contact with their birth parents, but had also formed attachments with foster parents of such good quality, that the young people called them Mum and Dad. Many young people acknowledged that they had received not only a lot of help from their foster carers, but that their carers truly cared for them and loved them. In two cases of young women whose mothers were single parents and mentally ill, the new relationship with caring foster parents provided a renewed self worth and a clear future. These young women had coped with extremely bizarre behaviour of their own mothers, and were relieved to find that they no longer needed to act as carers for their own parent, but rather could start to be cared for. When their mothers wished to renew their relationships, both young women had become clear in their own mind what type of relationship they now wished to have. Both young women decided to visit their mothers once a week, or once a fortnight. One of the young women made a clear demand that she would not tolerate her sister's presence at these visits, as her sister in conjunction with her mother was a very destructive person. In fact, she suspected that her sister was mentally ill too. These young women then had to re-negotiate their relationships with their mothers, even after their mothers had treated them abominably in the past. Possibly the framework of mental illness made it easier for the young women to accept that their mothers were at times unpredictable or aggressive, whereas this explanation would not be available for those who felt neglected or maltreated by their parents.

Often the acquisition of a partner or friend also meant the acquisition of their families, and these people were frequently turned to for help. In fact, when the young people mentioned 'other' sources in response to items on the Sources of Social Support Measure for Adolescents, they were mostly referring to their friends' or partner's parents and siblings. For instance, a female who could not rely on her mentally unstable mother, relied on her boyfriend's mother for practical support.

*'I'd talk to his mum (boyfriend's mum); she would give me a bed for the night'.*

female number 8

While foster carers took on the importance of parents for some young people, others found it hard to reconcile their need for foster parents with their need for their real parents. Such conflicts of loyalty were described by a few young people, highlighting high degrees of ambivalence towards adults in their lives.

*'I loved being there (in foster care), but for some reason being with a family was really hard for me, because I wanted to be with my own family. But I stuck with it.'*

female, number 17

Another young woman was in touch with both her foster and birth families, where both families were putting claims on her, she felt.

*'I have to tell them all how I get on with each of them and I don't want to make anybody jealous. It does hurt the brain, because you have to think about every little thing you say'.*

female, number 6

This loyalty split was by no means confined to the experience of entry into care, but also occurred when young people left care. In the instance of one young woman who had not seen her mother for many years, the reunion had a similar ambivalence: on the one hand she was pleased that her mother had got in touch, on the other hand, she felt it was hard to integrate her mother into her life since her former residential carer had taken this maternal position for many years.

The excerpts of the interview transcripts indicated a few distinct types or categories of young people, based on their perception of substitute parenting. Firstly, there were those young people who were ambivalent about acquiring a new parental figure, who were still angry and preoccupied with their own birth parents for abandoning them. While they were pleased that someone else was caring for them, they found it hard to accept. There was a continuous 'approach



and avoidance' cycle. Many of the young people in this group used the interview to help them make sense of the past. The second group consisted of young people who were relieved and pleased to have new carers, who cared and who taught them new skills. These young people often no longer had contact with their birth families, but if they did, they were aware that their parents could not give them the care they needed, while the new carers could. In the interviews, these young people came across as reasonably happy and well adjusted. The third group consisted of young people who did not know how to react to new carers, who were unable to relate to the carer, and who recounted numerous conflicts with new carers. The gap left by the parent could not be filled by the new carer. This sentiment is reminiscent of Stroebe *et al's* (1996) work on bereavement, where adults reported that the place of the dead spouse could not be filled by anyone. This led to emotional loneliness in widows and widowers (Stroebe *et al*,1996), that is to say, while having access to a network full of supportive people, these adults still felt lonely due. Roughly, these groups of young people can be seen to mirror the classic attachment patterns of ambivalent, secure and insecure attachment.

Overall, the young people with care experiences appeared to have a different concept of love than those in the comparison group. The young people in care reported their parents as sources of love, even if in other circumstances (of either practical or emotional nature) parents could not be called upon. As time progressed, the young people relied even less on their parents, as became clear in the follow up study. The young people in the comparison group on the other hand described their parents as sources of love, as well as sources of other emotional and practical support. This suggests that the young people in the comparison group have a more integrated sense of love, and being loved, where many behaviours define love. In the case of the young people with care experiences, love seemed more of an abstract construct, a feeling which people have for one another, but not as clearly defined by emotional and practical behaviours.

In conclusion, feelings of rejection, loss and bewilderment described in the interview material are reminiscent of work carried out by other researchers in this area (Fisher, Marsh, Phillips, Sainsbury 1986; Kahan 1989; Fletcher 1993). Furthermore, a difference between the young people with care experiences and those in the comparison group is evident in their concept of love. Those with care experiences appear to have a more abstract, less integrated idea of love, whereas those in the comparison group loved parents and friends, who also performed other supportive functions in their lives. The young people with care experiences could further be distinguished in their type of attachment. The young people were either securely, insecurely or ambivalently attached to their new carers. Many of the young people in the in-care group were trying to make sense of their experiences. Young people were preoccupied with not only the care

experience, but also with the home environment and parental abandonment prior to entry to care. Clearly, confused and angry feelings not only mean young people will not turn to their parents for support, but, more seriously, links with other people may not be initiated or maintained because the young person no longer trusts other people, or has too much on their mind. Young people were concerned about their past, and their own lives, while they accepted support from wide ranging networks, and relied to a great degree on sources with whom no reciprocal relationship was required. In addition, substance abuse may influence the downward spiral of available and helpful sources of support, since young people may only consort with fellow abusers, or may be too out of it to establish contact with others. Brearly, Black, Gutridge, Roberts and Tarran (1982) reported in 1982 that it was important for care leavers to make sense of past experiences, yet the young people reported on in this thesis still find their past experiences a barrier in their emotional and social development. Psychological help may be useful for some young people, helping them make sense of the past, and guiding them towards their future, especially for those whose attachments appear ambivalent or anxious. At present, such help is very seldom available. It is interesting that even with the introduction of the Children Act 1989 leaving care is seen as the end of the care experience, when in reality many young people are still preoccupied with experiences from the past. It seems an urgent priority to provide care leavers with psychological support.

#### **6.3.4 Care histories**

The young people's experiences in care were characterised by many changes in their daily lives, and thus their access to social support providers. Most young people had not spent their whole lives in care, as the average length of time spent in care was seven years. Those young people who had spent a long time in care commonly had relationships with their carers akin to parent-child relationships reported in the comparison group. The young people with experiences of repeatedly changing placements and carers were likely to have experienced changes in schools and communities too, suggesting complete upheaval of social networks. The average age of entering care was around 10, indicating that many of the young people in the sample would have had experiences of home care with their parents as well as of out of home care. There was great variation in the periods young people spent in care, and men tended to have spent longer in care than women. Commonly those received into care at an early age either stayed in care till they reached 18 years of age, or they experienced frequent re-admission and placement change. The majority of young people left care at 18, but there were a few cases of young people leaving for independence at 16 or 17, while there were also a few young people who had left care after the age of 18. Those young people leaving care early were particularly interesting, as a subset of these



were included in the follow up sample. Three young people had returned to their foster carers to live, while two young men had left care at 18, but had returned to social services for help in their twenties. Stein and Carey (1986) also found that 25% of their sample left care before reaching the age of 18. Lupton's (1985) study (N=600) contained care leavers of 17 or over, but she found that young people left residential homes at a younger age, just over 16. Interestingly, in the research reported on in this thesis, it was three young people who had left foster care who returned to their foster carers after leaving care. The fact that the young people were able to return, and that they were made to feel welcome, is reminiscent of what happens in samples of normal adolescents, who tend to leave home and return now and again, when they need ongoing support. This type of care leaving resembles the normal risk taking inherent in adolescence, but is not available to all care leavers. It requires the existence of an emotional relationship with carers, which continues regardless of the young person's legal status in or out of care.

On average, the young people had experienced six placements. Males experienced more placements than females, but this might be expected since men also spent longer in care than women did. Most young people experienced four placements or less, in line with Stein and Carey's (1986) 4.4 placements per person, while a few had been in more than 10 placements (12%). The majority of the young people were living independently at the time of interview, while a minority lived in B&B accommodation or still in residential or foster homes. Most young people who were not living independently were looking forward to moving out to places of their own. In many cases young people were on waiting lists, uncertain when and to where they would move. The follow up study also suggested that the young people were experiencing a great deal of change in living arrangements and in their social networks. This lack of stability echoes previous research on young people leaving care. For instance, Biehal *et al* (1992) reported that social workers in their study mentioned that 28% of the young people had moved 1 to 3 times after leaving care, and that 11% had moved more than four times. Nearly a quarter did not know how often their clients had moved (22.5%), suggesting that social workers lost touch with more than a fifth of the sample. Clearly, improved legal and policy provisions (e.g. Broad 1994) resulting in more stability for care leavers have not yet been implemented.

### **6.3.5 Dissatisfaction and lack of consultation**

Over half of the young people expressed some dislike for their time in care, while over a third felt positively about their time in care. Experiences and tales of children's homes and foster placements were generally eagerly told. Three important themes are presented in this section: the young people's feelings that they had little control over their lives, the young people's uncertainty

about their immediate future, and sudden break ups of social networks as a result of this lack of control. The majority of stories gathered were quite negative in nature and this may be the result of the way the samples were accessed.

*'Well, before I went to a children's home, you know you hear all those stories about kid's homes. I used to think 'That can't be right, they can't put kids in there if it's that bad'. I've since changed my mind. O dear me...!'*

female number 15

Often, young people were unhappy in placements, and when it was difficult to discuss this with someone, some young people resorted to running away. Ironically, this usually did not result in the young people being moved to a better placement, but in punishment: locked into a secure unit at the children's home from which they were attempting to escape. This happened particularly to boys. Most young people said they ran away because they felt homesick and wanted to see their parents, or other relatives, or because they were unhappy and wanted to move to a new placement. These findings are reminiscent of previous work (e.g. Ackland 1982; Berridge and Cleaver 1987) and indicate that the young people had not been able to let go of parents, even if they had to leave home. The position of the parents then is an ambivalent one: on the one side the home may be undesirable, but on the other side, the child may still retain an attachment to parents, wishing to visit or return home. This links back to the social support findings discussed earlier, that the young people with care experiences may well feel loved by their parents, yet receive no other kinds of social support from parents. Many young people were unable to express why they were not allowed to return home, even if they wanted to, indicating a lack of information and consultation while in care. Again, it may be the case that the young people were informed of the facts, but that they were not emotionally able to grasp the explanation given. Vague explanations, such as *'I am better off away from home, they say'*, recounted with resentment, may in fact be better understood than the young person admits. The emotional content of the statement may give rise to resentment, when the young person again is unable to comprehend the abandonment involved.

Being presented with choices of placements and carers while in care ranked as very important to most young people in care. Of the young people who had been scathing about their carers or social services, the majority had not been consulted on important decisions in their lives and it was this lack of consultation that had influenced their negative perceptions. For instance, one young woman, cited earlier on as saying she was happy in her placement, experienced a sudden ending to this placement.

*'And then the next thing there was some policy, and they just dragged me out of there, I just*



*come home from school one day and the social worker was sitting there waiting for me. And I had to leave. I cried my eyes out.'*

female number 17

Suddenly, this young woman no longer had access to her main source of emotional support, or to her social network of acquired extended family. The young woman had spent a few happy years in this home, where she was made to feel as one of the family. The removal from this home was a traumatic experience, leaving the young woman worried that this experience may recur in the next placement. The incentive to initiate a positive relationship with the new carer was greatly reduced. Again, cycles of attachment and loss are evident, requiring a great deal of adaptation on the part of the young people. In addition, the experience of sudden removals from home leave the young people unwilling or unable to trust other people and to form new attachments.

Another young man referred to decisions made for him while in care, declaring:

*'When you're in care it's a very disturbing experience. You never exactly know where you are at, or what you are actually doing. You never know what's going to happen next.'*

male number 14

This lack of knowledge of the immediate future made this young man feel resentful about the care he received, as he felt that his care was not in his best interest, but rather a haphazard process, suiting the social services. This did not contribute to a positive sense of self worth, and the danger is that young people who exert little control over their lives learn to relinquish this control in favour of other authorities, hampering their independence in adulthood. This type of learned helplessness is also known to influence well-being (Seligman 1975) and so the young people in this sample were at increased risk of depression.

Some young people felt it was the involvement of social workers in their lives which made them different to other young people. One young woman discussed quite clearly how being in care made her feel:

*'I suppose it makes me feel as if I am lower than other people. Not as good as everybody else.'*

Female, number 7

Again, this feeling of low self-esteem is not productive in forging new relationships and could mean that access to social support providers is reduced. The overall message of the young people is clear: they wish to take responsibility for their lives, and they want to be as much like other young people in the general population as possible. Their lives are full of rejection and change at

other people's mercy. It is possible that the young people's experience of rejection early on by their parents influences the perception of rejection and acceptance later on in life. Young people may perceive their social workers as the next generation of adults in their lives who will let them down, and for this reason a sense of control over their own lives may be of increased importance to this population. Once more, it seems important to build up the self-esteem and relationship skills of the young people while they are in care, and when leaving care, so that a constant re-enactment of past relationships is avoided in the future.

### 6.3.6 Continuity in care

Many young people mentioned that they had many different social workers over their life time, one young person stating that all her social workers had left during pregnancies never to return. This discontinuity meant that relationships had to be formed and reformed with social workers. Some young people felt that social workers did not pull out all the stops for them, as they anticipated not to be in the job for a long time. In some cases the lack of continuity in social worker presence meant a break with social services for young people and this development often either ended in experiences of homelessness or in young people returning to their families for support.

A good and continuous relationship with a residential worker or a foster carer was often cited by those who felt they had experienced a good time in care. Many of the young people in long term foster care actually called their foster parents their parents, and felt they were very different from the young people who had grown up in children's homes. There appeared to be a distinction made by the young people themselves about 'classes' of children in care: those in long term, stable care were seen to be in good hands, while those in changing hands and changing children's homes were seen to suffer. One young man who had been fostered for instance said:

*'I don't really see myself as being in care, because I was fostered'.*

Male, number 49

As a consequence, this young man felt he was no different from other young people. While he was in contact with his mother who had abandoned him at an early age, he was content with the foster care he had received, and acknowledged that his mother would never have been able to offer the care he needed. His foster carers spurred him on to fulfil his dreams of becoming a motor mechanic so that his foster carers were not just sources of encouragement, but also of emotional and practical support. Continuity and satisfaction thus went together in the young people's estimations of their care, suggesting that the young people themselves were aware of the



importance of this continuity. Again, the experience of continuity in care helps to form a positive self-image, as the carer considers the child important enough to continue looking after it. Furthermore, it is within these continuous relationships that emotional bonds develop, which allow the breadth of social support as it is provided for the comparison group sample. Besides the breadth of support, a reciprocally supportive relationship can be built up, which will help the development of more intimate relationships.

### 6.3.7 Leaving care

Many of the young people who were still in care looked forward to leaving care. They reported that leaving care would grant them independence and control over their own lives. For some leaving care was regarded as a liberation of a system which had guided them through childhood and adolescence. Leaving care would mean acquiring normality.

*'See when you have left care, no-one needs to know that you were ever in care in the first place'.*

Male, number 45.

On the other hand, leaving care was by some viewed with trepidation, as it meant leaving the institution or foster home they become used to. In some cases, leaving care was the beginning of trouble:

*'I got a letter from Social Services when I was 18, saying I was out of care and that was it. And no more. And then I went through a struggle.'*

male number 12

This struggle involved finding accommodation and employment independently, which resulted in a six month period of homelessness. This young man was lucky to be put in touch with outreach workers who supported him into permanent accommodation and ultimately a job and training. The process he had experienced however was remarkably haphazard: had he not been in contact with outreach workers, then this happy ending may not have occurred. The follow up study too highlighted problems for care leavers, not just in terms of practical arrangements (housing, money, jobs), but also emotional events, such as being reunited with family members and dealing with parenthood. Two young men in particular were illustrative of problems arising after leaving care, as they had left care two and four years earlier. Both young men were housed in a hostel for the homeless, after a few years of casual work and casual living arrangements. Both mentioned feeling depressed and isolated, and were keen to get help from keyworkers in the hostel. The danger seems to be that other young people in the sample reported on in this thesis could turn up at a later date in a different context requiring help and guidance. While requiring help and

guidance is a common feature of most people's lives, in the cases of young people leaving care it could be foreseen that the burden of emotional trauma, on top of practical difficulties, may lead to problems in the future. It seems unwise to discharge young people from care, with the expectation that they will ask for help when they might need it later. Rather a more fluid after care arrangement, more akin to the supportive family context, is required, which provides ongoing support, not only after requests from young people, but also volunteered spontaneously by carers. Depression is a reality for some care leavers, and it seems crucial to avoid young people's descent into clinical depression, with its concomitant risks of suicide and attempted suicide. The problem of providing family type, ongoing support, is that it requires not only a practical and social policy framework, which already exists through the Children Act (1989), but also an interpersonal relationship. Positive relationships with others are not easily available, and need to be nurtured. In this light, the earlier placement histories of the young people become increasingly important: if young people experience more than 4 placements while in care, this long term relationship does not get a chance to build up. Prevention efforts should be geared towards supporting children in their placements so that stronger relationships have a possibility of flourishing. This curative approach could include family therapy, or group therapy for the social system the child is in, as well as counselling and therapy for the young person themselves, and for their carers, as is more common in other countries of the EC. In addition or alternatively, efforts could be made to reduce the need for out of home care in the UK, and to strengthen families with problems, to allow attachments between children and parents to improve. This too would require multilevel input from various professional helping organisations and individuals, but might prevent entry into long-term care and the risks which this brings.

#### **6.3.8 Romantic relationships**

The majority of young people reported having a romantic partner, but the length of the relationship varied greatly, ranging from two weeks to two years. However, the length and quality of the current relationship did not appear to influence the extent to which the young people said they would turn to them as sources of support. Typically, those young people with either very good or very strained relationships were eager to talk about them, which is probably a bias in the information.

Many young people reported learning a lot from their partners, and one young woman in particular tried to explain how her time in care had influenced her relationships with her live-in boyfriend.



*'Me and Charlie argue quite a lot, because I've had to stand up for my rights all my life. I explained it all to him, the whole story from when I was in care, he's beginning to understand that now. That when we argue, I'm not arguing with him, I'm arguing with myself more, take it out on somebody because I've always had to do that. Charlie's like a mother and a father, and a boyfriend to me.'*

female number 10

The partner support cluster analysis reported on in the results chapter indicated that while partners were important sources of emotional, sharing and confident support for the majority of the comparison group, the in-care group relied more on partners for noticing changes in daily behaviour. The findings suggest that the young people in care have a day to day caring relationship with their partners, but that for more emotional matters partners are not trusted enough. Alternatively, it could be that the young people lack confidence in themselves to dare ask for such emotional support. While partners were regarded as daily sources of caring support, the emotional relationship with boyfriends and girlfriends differed in emotional content from those romantic relationships described by the non-care group. Romantic partnerships, after the parent-child attachment of childhood, form the most important attachment of an adult's life (Stroebe *et al* 1996), implying that the in-care group are at more risk for forming shallow attachments than the non-care group. Indeed, the data reported here suggests that this is the case, as the in-care group rely on partners only for day to day caring support, rather than, as the non-care group, for more general emotional support. As was the case with parental support for the in-care group, those with care experiences report that parents and partners love them, but expect little other supportive behaviours to accompany this affiliative relationship. Nevertheless, partners were important support providers, even if there were differences between the in-care and non-care groups. Not all young people in care had partners, or were in long-term stable relationships, suggesting that no-one was monitoring their day to day well being. What is more, the follow up data suggests that one of the most stable sources of support over time were romantic partners, indicating the risk of isolation and lack of support should this relationship break up. From the follow up study it became apparent that one partner's involvement in crime could have a marked effect on young people's partner relationships, especially if imprisonment ensued. While the partner relationship is important for both young people in care and in the comparison group, those with care experiences appear to have a more brittle partner relationship, which does not embrace all facets of emotional support, but rather provides day to day caring support. This apparent contradiction is another example of how the young people with care experiences specialise their support network, and receive specific types of support from specific support providers.

Nine out of 50 (18%) young people were parents or expecting babies at the time of the study. The majority described these pregnancies as unplanned, but most young people were happy with the prospect of being parents. A few young women reported having had traumatic miscarriages or terminated pregnancies in the past. None of the young parents were married, although three out of four had a boy/girlfriend. These findings are similar to those of Stone (1990) who found that 5 out of 32 young people (=15%) approached for interviews on leaving care were parents themselves. Stein, Wade and Biehal (1993) found that 25% of the 183 young people in their sample were mothers, while Biehal, Clayden, Stein and Wade (1992) reported that 10.5% of the young people in their sample were caring for their children, rather than working in paid employment or being in education.

The cyclical effect of child abuse was illustrated by a young woman, who had been abused as a child by her father. She had a baby at 16, after splitting up with her boyfriend, left care at 17, and found a new boyfriend soon after. Her child was on the child protection register, because, she said, social services worried that the person who used to abuse her, would now try to abuse her child, even though she had severed all contact. This young woman explained that she had needed to learn parenting skills.

*'They're on about taking Jason into care, and getting him adopted because they think that I can't cope, because I'm a young mum. But now I'm with Charlie, and we got engaged 2 weeks ago, and he's helping me bring him up and helping me learn things. I'm helping him and he's helping me. And he's making me realise that I can't go out with my friends and that I have responsibilities and I'm going to try my best. No-one ever praises me for the good points, and I've had quite a lot of good points lately, he's (the baby) put on 7 ounces in 2 weeks and that is a hell of a lot, but no-one ever praises me about that. They're down on you like a ton of bricks.'*

female number 10

Quite clearly, this young woman experienced the intervention of services as punitive and negative, when what she needed was support, encouragement and attention. Fortunately, her partner was able to help her, emotionally and practically, in the tasks of parenting. However, there were limits to her partner's ability to help and it is precisely where partner support fails, that outside help may be required.

Quinton and Rutter (1988) found in their ex-care sample, that more than half of women under the age of 19 had experienced their first pregnancy, compared to only a quarter in their comparison sample. They also suggested that early pregnancy in the ex-care sample led to poor parenting and



to a lack of marital support later on. Young people with care experiences inevitably have poor examples of parenthood, unless they grew up in long-term, stable fostering or residential homes. Furthermore, the lack of parenting skills could be regarded as a consequence of growing up in families where parenting skills were poor. In the case of the young people reported in this study, none of the young people reported receiving much help with parenting from professional organisations, or people other than their partners. The young (prospective) parents in this sample appeared to derive support from their partners, if they had one, their friends with children of their own, or other relatives, such as parents-in-law or uncles and aunts. In one case, a young woman discussed how unexpectedly helpful her father had been during her pregnancy, delivery and consequent caring for the child, while another young woman described how neither her mother nor father wanted anything to do with her since she was expecting a mixed-race child. Particular circumstances then dictated access to support for young parents in this sample.

In summary, partners were found to be important providers of emotional and practical support. This has not been reported in previous studies and has important implications for social work practice. Compared to a comparison group, however, the young people with care experiences reported using their partners as support sources for only day to day caring support, rather than for more generalised emotional support. This suggests that there is a qualitative difference in partner relationships in young people with care experiences, which matches the difference reported earlier in parent support. Both groups reported turning to partners, both groups reported that their parents loved them no matter what, but for the young people in the in-care group these affiliative relationships were not accompanied by emotionally and practically supportive behaviours. The young people in the comparison group thus could rely on their parental and partner support for within the existing emotional relationship, while the young people in the in-care group reported having an emotional relationship without being able to rely on them for all types of emotional support.

### **6.3.9 Health problems**

The health problems of young people in care have received very little attention in the literature (Kahan 1989), and it is only since the introduction of the 'Looking after Children' schedules (Parker *et al* 1991) that designated persons are held responsible for monitoring the child's health while in care. Two thirds of the young people in the in-care sample mentioned health problems, which were often associated with abuse in the past and difficulty trusting other people. Some young people reported depression.

*'I am all right for ages and then something massive happens and it all comes back down again and I go into a dramatic depression and I want to kill myself. Three times before I overdosed, where life was just so terrible...'*

female, number 17

The above quote is not untypical. The extent of distress suffered by the young people varied, but often they felt they had nowhere to turn to with severe distress. The follow up study also indicated that some young people felt such despair, that they considered suicide. Others had nightmares after experiences of abuse, while still others reported stress-related illnesses, such as digestive problems. In addition, gynaecological problems too were present in this group, as reported before. While some of these health matters can be cured by a doctor's visit, others require support and help from people who care. Most of the young people discussing their depression felt their friends were not appropriate sources of support, as depression involved intimate feelings with which the young people were loath to burden their friends. Partners were at times regarded as support sources, but again the young people indicated that the intensity of their feelings might put off their partners' willingness to listen, and ability to act. Furthermore, often depressions and nightmares were associated with difficulties in trusting other people, as a consequence of the care experience, and trust is an integral part of an intimate relationship. Depression is known to reduce people's willingness to socialise and can have a negative effect on people's social networks, as members of the network also avoid contact with the depressive (Argyle 1992). This leaves the young people vulnerable to isolation and loneliness, which in turn can worsen the depression. A vicious circle is set in motion, with young people having few support sources, feeling depressed, not trusting other people and having even fewer supporters. If young people in care and leaving care are not well, and not able to look after themselves, who will look after them? Young people reported not knowing where to turn with their distress and depression, suggesting that asking for help on such intimate matters is difficult for them. Friendships and partnerships were not considered appropriate arenas for such matters, while social workers were regarded as more useful for practical support than dealing with depression. As the young people reported having no where to turn, social support from their existing networks was not available. In such instances, counselling help may prove useful. Outsiders, rather than social services, would be better placed to provide such a service. Clearly, young people's emotional and physical health need to be addressed in future research and social work practice.

Even though the young people in the comparison group did not all live with their parents, the majority did. Twenty percent lived with a single parent, while 8% lived in stepfamilies. A minority lived alone or with their boy/girlfriend, and some in unusual circumstances, such as



with brothers and sisters. On the whole however, links with families were strong. This is in sharp contrast with the young people who spent time in care and were mostly living independently at the time of the interview. Links with parents, as was clear in the previous section were, at best, pleasant, but mostly non-existent or antagonistic.

### 6.3.10 Education

The majority of young people in the in-care group mentioned having some sort of qualification from school. There were a few young people with A-levels and one young man was at university, but overall achieving high academic goals had not been a priority for many of the young people. Over a third of young people in the in-care group were studying for GCSE's at the time of the research, but the majority of the young people in the comparison group already had GCSE qualifications. Stein and Carey's (1986) also reported that only three young women out of a total of 79 young people (= 3.8 percent) went on to further education. In addition, Biehal *et al* (1992) found that two thirds of their sample had no formal qualifications, while only 12% had GCSE's. These data were collected through social workers and there were some who did not know (19.5%) about their client's educational status.

The young people with care experiences reported on in this thesis were at times vocal about their educational failure and its source. Some young people clearly blamed being in care for their lack of educational attainment:

*'I got shifted from pillar to post. I never got settled in one school, so I never liked going.'*  
male, number 14

The constant changes in living arrangement and the lack of stability meant that this young man never settled in a school, and never made friends in the schools he attended. Rather, school contacts were superficial contacts, with whom he did not attempt to have a relationship outside school. Furthermore, as school was a source of annoyance to him, he was not interested in associating with those young people who were willing to attend school. So teachers as well as school friends were never members of his social networks.

Other young people blamed their failure to achieve at school on the lack of encouragement received from home.

*'My Dad used to say: 'O, you are stupid, you can't do anything right' and you grow up and think: 'What's the point me trying if I can't do nothing?'. So I have no qualifications, no nothing. I mean, I didn't even try. When you get told that over and over again, you believe it.'*

female, number 14

Constant negative feedback, not only with respect to scholastic achievement, had resulted in this young woman's negative self image, and a resigned attitude towards school. Her relationship with her father was embittered, as he had never expressed any faith in her abilities. Furthermore, the negative relationship with her father had also weakened her relationship with her mother, as the young woman felt her mother had not stood up for her when it may have mattered. Also, as school had become a place where she was increasingly unhappy, she had made few friends there. Increasingly, this young woman felt under siege, not just at home, but also at school, resulting in feelings of depression and loneliness.

Another young woman told how her schizophrenic mother and violent sister made life very difficult at home, and forced her to take part-time work after school, resulting in school troubles. Life at home was unpredictable and bizarre, and part-time employment after school afforded prolonged contact with a more sane world, although it did mean less time could be spent on homework. This young woman was glad to spend time at school and at work, but felt under pressure as her school results worsened. Ultimately, a teacher confronted her with this sharp decline in her performance, which resulted in the young woman entering foster care, and giving up the part-time work. The interest of a teacher had thus culminated in an all-round improvement of the young woman's life. Another young woman whose mother was mentally ill attributed her success at college to the fact that she had attended boarding school from an early age, and had been able to keep a distance between herself and her mother. Her mother's behaviour at home was difficult for her to cope with, and while at home she had been unable to concentrate on her schoolwork. Staff and residents at boarding school on the other hand had kept her happy and focused. This young woman thus had been encouraged at school, be it by teachers and carers, rather than her mother. The fact that she had a good relationship with her carers probably contributed to her interpreting their interest as supportive, rather than as interfering or unwelcome. From the young people's accounts it thus becomes clear that social networks do not just increase by attending school, but that school achievements too can be improved if meaningful persons within the social network provide ongoing reassuring and constructive support. Furthermore, negative pressure within the home lead to many young people achieving poorly, which in turn could lead to young people feeling ostracised in school as well as at home.

Many of the older young people reported not obtaining qualifications when they were at school, and said that they had returned to education at or after the age of 18. One young woman of 25 described obtaining her GCSE's in evening classes:



*'I went back to college to do GCSE's. I got Supplementary Benefit and I got a Saturday job as well. Then I started my A-levels, but I didn't finish them. But I was finding it hard as regards the money, paying the rent, feeding yourself, surviving basically. So when I was supposed to be studying, I was working in a shop doing overtime, so in the end I dropped out.'*

female, number 18

This young woman went back to school with intrinsic motivation to succeed, but found the practicalities of life too hard. Her social relationships during this time included people she had met at school, but the constant need to work outside school hours meant she could not take part in any extracurricular activities. While school attendance had the potential of providing larger social networks, this did not happen due to money pressures.

School can thus be seen as an important mediator to social contacts and friends. While some of the young people did badly at school due to the problems they had at home, others blamed being in care for their schooling failure. It seems likely that the amount of emotional pressure on the young people was at times hard to take, and resulted in a lack of interest and concentration at school. A curative approach may be required for those children in school who need psychological assistance with their emotional problems in the family, and this type of assistance is not commonplace in British schools. Again, childhood problems can be seen to have long-term consequences for a person, not just in terms of the eventual scholastic performance, but also in terms of building up social support networks. Even if the young people's educational level is not dealt with, it seems imperative to help young people learn how to build up their social networks within the community, outside the opportunities school offers.

### **6.3.11 Employment**

Even though the young people in the comparison group tended to be more highly qualified in terms of GCSE qualifications, and while more than a third of the young people in the in-care group were still trying to obtain GCSE's, both groups had experienced similar amounts of unemployment in the past. While two thirds of the comparison sample were in work, and most were in training as well, only 28% of those in the in-care group were in any job at all. Nearly two thirds (62%) of the young people in the in-care group were unemployed. Some young people, while being officially unemployed, also had short-term part-time jobs which they did not declare to the Job Centre. These were often jobs for which they would be called up at short notice, such as helping in a restaurant. One young man in full-time education worked on a building site in his holidays. Jobs were a source of stress, as they were hard to find. One young woman described how

she felt her relatives failed to provide her with support while she was trying to find a job:

*'At the minute, I don't have a job, so my money situation is a bit low, so that causes depression, as I get a bit angry with that, I find it difficult to find a job and they all expect I can just go out and get a job like that, but it's so difficult to get one. They don't understand that'.*

Female, number 1

Stein and Carey (1986) also found that only about a quarter of young people in their sample were in paid, full-time employment. Biehal, Clayden, Stein and Wade (1992) found that 36.5% of the young people in their sample were unemployed. For the young people in the follow up sample jobs were even scarcer. Out of the 15 young people who were followed up, two of the women were full-time mothers, and two unemployed men were making a living through crime. Only two young women were in further education, taking a Caring Course or GCSE's. This lack of access to social arenas of work and education clearly has implications for social opportunities. Without a job, the young people do not enjoy the benefits of co-workers and bosses as sources of companionship and support (Argyle, 1987). It became clear earlier that the young people with care experiences relied on their work environment for day to day support and so the loss of this resource would be especially unwelcome to this group. Without jobs, or as parents, young people have little money and without money socialising becomes more difficult for young people (Banks *et al* 1992). Furthermore, unemployment and parenthood can lead to a lot of time spent alone, or with small children, while the world of work is filled with opportunities to socialise. While young parents could benefit from meeting other young parents in their locality, few young people mentioned knowing other young people with babies. Instead, most young mothers and fathers spent their time at home, at times isolated and lonely. Unemployed young people without young children on the other hand, reported being in contact with other unemployed friends, with whom they spent much time. As there was little money to undertake specific activities, the young people reported aimless and cheap thrills.

*'We just hang around town, say hi to everyone we know. Look in the shop windows, that sort of thing'.*

Male, number 4

Some unemployed young people seemed quite happy in their situation while they sorted out their future or while dealing with psychological problems rooted in the past. A minority showed no ambitions in training and employment at all. One young woman of 16 who was expecting her second child had left school at 15 and had never worked. She did not expect to work in the future either, as she had her children to look after. Others were interested in furthering their careers in crime, or 'doing the night shift' as one young man called it euphemistically, which allowed



greater freedom of working hours and was better paid than 'proper' jobs.

### 6.3.12 Conclusion

Overall the findings support the hypothesis, that the majority of young people in care do not have parents to rely on for emotional and practical support, while this is the main source of support to young people in the community. It does not appear to be the case that the lack of parental support is compensated for by either residential or foster carers, social workers, other relatives or other sources, rather, the young people with care experiences appear to rely on a wide net of people, and often report relying on no-one. In addition, it appears that the young people in care are more often inclined to deal with the sources of their problems directly rather than talking things over with other sources. Whether this is the result of a lack of support sources for the young people in the in-care group, or as a result of their experience telling them which course of action gets more done, remains to be seen. Certainly it appears from the interview transcripts that the young people in care experienced many of the events sketched in the Sources of Social Support Measure for Adolescents and this could lead to familiarity with problems and procedures. The young people in care appear to mention sources of support as other people in their lives who can get something done for them. The young people in the comparison group prefer to rely on their affiliative network. This specificity in asking for support has also been pointed out by Stein and Carey who stated that the young people displayed

'sometimes calculatingly, a choice of mentor according to the problem in hand - whether financial, emotional or simply a problem of too much laundry'. (Stein and Carey 1986 p 60).

This specificity resembles Wilcox and Vernberg (1985)'s stressor specific support model. The young people in care report accessing their 'specialist' network in addition to friends and romantic partners, demonstrating their tendency to turn to stressor specific sources of support.

The young people in the comparison group, on the other hand, appear more readily to turn to their loved ones, regardless of the problem, showing that for them the stressor specific model of social support is less appropriate. Why this should be the case remains unknown. Possibly the young people in the in-care group are more like the average social support research subject groups than are the comparison group, in that they represent a specific group with specific needs and particular problems. It may be that 'problem' samples more often yield stressor specific findings, specifically as a result of the problem inherent in that sample. For instance, in this thesis it is no surprise that social workers rank highly as sources of practical support to young people in care, while far fewer young people in the comparison group feel compelled to mention them. It is precisely as an effect of the in-care experience that the young people in care report

turning to these sources, and again a social learning mechanism might be present.

Even if a relationship has been demonstrated between the nature of the stressor and source of support preferred, this thesis has not addressed the elements of cognitive appraisal present in Wilcox and Vernberg' (1985) model. If studies were carried out examining not only relevant stressors to both young people in care and in the general population, but also the event and resource appraisals made by both groups of young people, some interesting differences might arise there which could explain the aforementioned findings. For instance, the two groups of young people may evaluate their resources, or stress events in different ways, which could lead young people in the comparison group to more often seek social support, and young people in care to more often use other coping mechanisms. These postulations require further research if our understanding of young people's sources of social support is to be increased.

## **6.4 Methodological problems**

### **6.4.1 The samples**

#### ***In-care and follow up sample***

The methods of recruitment employed in this study meant that some self-selection may have occurred in the in-care sample. Obviously it would have been desirable to maintain the same method of recruitment for all the young people in care, but this was impossible as the three different authorities all differed in their preferred method and in the level of access they wished to award the researcher. As an outside researcher reliant on the co-operation from the authorities, the recruitment of subjects was a matter of negotiation with each authority.

The young people recruited through their social workers may well have had more positive relationships with their social workers, which will have influenced the sources of support reported. In addition, those who were recruited by letter may have had an axe to grind and therefore may have been more likely to take part to report on negative experiences. There is some evidence to suggest that both these motivations could be true. The group who were recruited by letter faced the additional difficulty of having to correspond to arrange a meeting, which may have been daunting and difficult for some. Indeed, one young man said it was his girlfriend who had read the letter asking for his participation, and she had replied arranging a meeting on his behalf. This may have occurred in more instances.

It is possible that the self selection resulted in a sample of young people who felt they had



negotiated their care experience successfully, or who felt they had made the best of it. Very few young people reported experiencing homelessness, and those who did were either in flats of their own or in a homelessness hostel at the time of study. None of the interviewees were living on the streets at the time of the study. The more vulnerable young people may therefore not have been included in this sample. Stein *et al* (1993) reported that 15% of the young people in their sample had become homeless 3 months after leaving care, but nearly a third of these young people had special educational needs. Bullock, Little and Millham (1990) also identified a group of vulnerable young people leaving care with few social and educational skills, who had experienced homelessness and prison life, for whom the future held little promise. These young people often had no or weak family ties. Many young people reported on in this thesis knew of others, ex-flatmates and acquaintances, whom, they feared, were in prison, on the streets or otherwise not desirably housed. These young people would have been able to throw some light on the reasons why and the ways in which they had come to be so badly off in comparison with the young people included in this study. This is the group no-one keeps track of and who are at risk of forming an unsupported underclass. Further research on this group would elucidate the mechanisms whereby such young people become homeless and might uncover ways in which this could be prevented.

The follow up sample was very small (N=15) and so few generalisations can be made. The sample contained many young people who were in touch with their social workers: either because they were still in a foster or residential home, or because they were anticipating living independently. These young people were thus gaining from their relationship with the social services, and needed the help of services to attain independence. Any other sample of young people who had already left care may therefore have resulted in a different picture. It is not known whether this small sample reported on here would continue to lean on their social worker after leaving care. Further longitudinal research would be useful in examining levels of support throughout early adulthood, to determine whether the discontinuity of support providers reported on in this thesis is replicated in a larger sample, over a longer period of time. Many young people had recently moved, or were hoping to move from residential homes or hostels to places of their own, and surprisingly a few young people had returned to previous foster carers after a period of living semi-independently, suggesting that these young people had good relationships with their ex-carers. It is possible that again the least at risk group was included in this sample, and that the results thus reflect the social relationships of a select group of care leavers.

### ***Comparison sample***

The young people in the comparison group were all recruited through the local Youth Training Scheme. All young people in this sample thus had some type of job or training and in this respect

were more of a homogenous group than the in-care sample. The over-representation of young women in the sample was mainly due to the fact that the access to young people was restricted. The Youth Training programmes reflected a traditional gender stereotype: women were mostly found in the hairdressing and caring training programmes, whilst young men were mostly found in the engineering programmes. The business and administration classes seemed to be the most equally gender mixed.

Another problem with this sample as a comparison sample was that they were on average younger and less likely to be living independently than the young people in care. Possibly a carefully matched sample would have given more insight into the precise nature of differences between those in care and those not in care in terms of their relationships.

#### **6.4.2 Sources of Social Support Measure for Adolescents**

The Sources of Social Support Measure for Adolescents was used as an interview tool for the young people in care and as a pen and paper task for the young people in the comparison group. The dual use of this measure was justified by the finding of Sarason *et al* (1987) that the content of social support questions is more important than their presentation. The questionnaire was found too long by some young people in care and it might be that some people experienced concentration loss over time. Some young people found it an emotive experience, while others said they enjoyed it. Because of the sensitivity of topics for some subjects it was hard to obtain standardised information on everything. For instance, as was mentioned earlier, reasons for entry into care may have been 'sanitised' for public scrutiny. In addition, sensitive matters such as experiences of abuse may not have been mentioned by all young people, while abusive relationships are likely to have an effect on the availability of parental and sibling support.

The young people in the comparison group showed marked differences in their ability to complete the questionnaire. While most filled it in with ease, some young people did not complete the whole Sources of Social Support Measure for Adolescents, suggesting it was too long or that they lost interest. Interest is possibly more easily sustained in an interview situation.

Although the Sources of Social Support Measure for Adolescents was based on existing categories of support and care was taken to assign each vignette to the appropriate category, it is possible that some confounding of types of support has taken place. In particular, Barling, MacEwen and Pratt (1988) pointed out that their results, which were based on House's (1981) categorisation of social support, suggested that informational support was perceived to have an emotional content. On the other hand, while the subdivisions of social support may be debatable, the findings on the



SSQA did indicate that the young people in care and those in the comparison groups had very different sources of social support, with the in-care group displaying more stressor specific support sources.

The Sources of Support Measure for Adolescents appeared on the whole to be successful as an interview tool, in that most of the young people in care responded positively to most of the questions, and as a questionnaire for the comparison group, as the majority of young people filled it in well. The cluster analysis of items, as reported in the Methods chapter, showed that the items on the SSMA clustered together in line with expectation, suggesting a practical and emotional support cluster. The emotional support cluster contained a further division of support types, namely day to day caring and confidant support, and empathy and companionship. The Wilcox and Vernberg categories upon which the SSMA construction was based, were not exactly replicated. It is possible that the items as they were developed for the SSMA were not assigned to the appropriate category of support. There is some evidence to suggest that this may be the case, as another psychologist rated the items independently, resulting in 88% (24 out of 27) agreement. Disagreement concerned both acceptance items and one item measuring trust. The phrasing of the acceptance items may have been improved by explicitly mentioning acceptance in the vignette. In addition, the Wilcox and Vernberg (1985) categories may not have universal appeal, explaining why they were not precisely replicated in this study. However, the support types uncovered here, empathy, companionship and confidant support, together with general practical support, recur in other social support research suggesting that these categories can be seen as more universally valid. The fact that companionship appeared in the analysis shows that for this sample, companionship was extremely important.

As mentioned previously, the Sources of Support for Adolescents Measure was used for the first time and so its results are hard to compare with previous studies in this area. However, since the questions were framed in language directly obtained from young people and arose from open ended interviews with young people, and in addition, were based on conceptual distinctions of support as identified in the literature, the content validity of the measure appears to be good. Furthermore, the SSMA was shown to have reasonable to substantial test-retest reliability when it was used on a sample of undergraduate students with a time lag of one week. The measure could be improved in psychometric terms by obtaining ordinal or interval data, for instance by framing each question using a Likert scale, yet this improvement was not made, because the current format of the SSMA allowed subjects more freedom in answering the questions. This was of particular interest to the in-care group, as it had become obvious that this population of young people might not be inclined to take part in the study in any case. Asking them to rate each

support provider on a seven point scale for 25 questions might have been stretching their willingness to co-operate too far, even if superior statistical analysis could have been carried out on the data.

### **6.4.3 Statistical analysis**

It was pointed out before in the Methods chapter that the social support data collected for this thesis were categorical and nominal in nature. The analyses used on the categorical data are not the statistically most powerful (Hayes 1981). Nonetheless, the findings on the  $\chi^2$  tests, analyses of variance, cluster analyses and discriminant analysis appear to complement and support each other, suggesting that these methods were appropriate here. The use of cluster analysis is generally advocated to find typologies, but should be combined with other methods since random clusters can sometimes be produced (Everitt 1993). The convergence of findings here suggests that the clusters identified were not based on randomness, rather they illustrated the basic differences in preferred support sources as also distinguished by the discriminant function analysis. The discriminant function was found to be very successful, as 90.48% of all cases were classed correctly. Discriminant analysis is not commonly used with categorical data, even though it is considered a robust method, and in this case it performed well. Other correlational statistical methods, generally considered the most robust and able to identify relationships between variables, could not be used on the social support data, and so the use of factor analysis and multiple regression was not permissible.

### **6.4.4 Strengths of the study**

Although the study reported in this thesis suffers methodological shortfalls, it also offers a unique view into the social relationships of young people who have grown up in care. Few previous studies on young people have focused on young people with care experiences and if they have, data has mostly been collected through social workers, social services and parents, while only a minority of studies have interviewed young people themselves. No other study to date has addressed young people in care and their social networks in detail, as it has been provided here. It has been argued before in this thesis that the perception of social support as reported by the young people was the focus of the research, which necessitated the young people's co-operation. Young people with care experiences are often loath to trust other people, and this includes researchers. Obtaining and maintaining the co-operation and interest of a sample of highly mobile and at times distrustful young people formed an important part of the data collection phase. In addition, the final sample size of young people with care experiences was similar to those reported by other



researchers in this area (Stein and Carey 1986; Biehal *et al* 1991; Stone 1990; Smit 1993), suggesting that a sample of 50 young people is acceptable in this field of enquiry. Larger sample sizes with this population are mostly acquired by examining formal social services file research, or by interviewing social workers (e.g. Lupton 1985; Packman 1986). These methods do not offer the uniquely personal perspective obtained in this study, and rely heavily on other people's assessments of the young people's lives.

Furthermore, this study is unique in that it compares a sample of young people with care experiences with young people in the general population. The findings obtained from this research indicate differentiated use of support sources for those two groups, and highlight the lasting difficulty of initiating and maintaining emotional relationships over the life span after disruptive and discontinuous childhood attachments. In addition, no previous studies have been carried out examining social networks of young people with care experiences using a specially developed interview measure, containing items of relevance to this population.

No other study has been able to distinguish groups of young people on the basis of reported support sources alone, and the differences observed between those with care experiences and those in the general population go a long way to explain the differences in attachments and relationship development over the life span. While most adolescents embed their support needs in their available affiliative network, those young people with more fragmented attachment experiences and experiences of daily care, utilise their social network in a more practical, problem focused way. While this means that the young people's support needs are probably adequately met, their emotional and social development can be seen to be quite different from young people whose support is mostly derived from their loved ones. If young people with care experiences develop their relationships differently, then it is likely that this development will continue to differ over early and late adulthood, suggesting on-going risks to this population.

Finally, no other studies on young people with care experiences have drawn on theoretical approaches from social psychology, such as social support and stress theory, and integrated such an approach with developmental psychology. It is only recently that developmental social psychology has gained academic interest (Durkin 1995), and as such the research reported on in this thesis contributes to a relatively new area of study.

## **6.6 Conclusion**

On the whole the study uncovered that many young people in care preferred not to ask for social support when faced with potentially stressful life situations, while their non-care peers indicated

turning to parents and friends frequently. In addition, there were marked differences between the sources of social support of the comparison and in-care groups, supporting the hypothesis that young people in care have access to different sources of support to young people who are not in care. Also, although many young people in care were not inclined to turn to parents for any kind of support, this gap did not appear to be filled by one or two named individuals, rather several sources combined to support the young person, but not to the same extent as the young people in the comparison group were supported by parents and friends alone. Social support for the young people in the comparison group was embedded within their existing emotional relationships, while the young people with care experiences instead relied on a network of useful people, displaying more specialised and diffuse support seeking. Specific sources were sought for specific problems, yet friends and partners were consistently the preferred sources of emotional support and carers, social workers and friends the preferred sources of practical support. While this indicates that the young people are trying to maximise the usefulness of their support sources, quoting friends as an important provider of practical support has its problems. It may be that the most vulnerable young people are turning to other vulnerable young people for aid, which might have unhelpful outcomes. The research also shows that the content of friendships was different for the two groups, as the young people in the comparison group reported more sharing, empathetic friendships than the in-care group. This suggests that the young people with care experiences have difficulties building up emotional relationships with friends, choosing instead to seek company with less emotional content in friendship. In addition, the evidence indicates that experts are not always sought for practical help. This could mean that many young people faced with stressful, care-related problems, are finding it hard to bring them to successful conclusions, and are not getting out of the social welfare system what is rightfully theirs.

The young people with care experiences are also at risk for depression and suicide, due to their problematic past and present. The young people in this sample faced with such extremely negative emotions, had no one to turn to, suggesting that there is a lack of sufficient after-care geared towards the young people's continuing emotional development.

The follow up research showed that many changes occurred in the young people's social networks and that the young people had often experienced many changes in accommodation, relationships and employment or education. Parents lost their importance as sources of support over time, while foster and residential carers gained importance as sources of support. As the young people got older, and left care, their networks became smaller, and focused more and more on remote, professional sources, rather than emotional ties of family and friends. The young people appear ill-equipped to take part emotionally in relationships as their non-care counterparts do, placing



them at risk for emotional loneliness and its accompanying problems.

In the next chapter, the conclusions will be presented as they apply to the hypotheses put forward in chapter 1, after which recommendations for future research and practice will be presented.

## Chapter 7: Conclusion

### 7.1 Introduction

In the previous chapters, it became clear that the study reported here has limitations in its methodology and implementation. However, some interesting conclusion can be drawn from the researched material, and these will be presented below. In addition, since the results also have implications for practice and policy of child care, some recommendations will be made, not only for future research, but also for policy and practice.

### 7.2 Conclusions of the study

The conclusions of the study will be presented alongside the original hypotheses.

*1. The young people in this study will report sources of social support specific to the stressors investigated, as proposed by Wilcox and Vernberg (1985). In particular, emotional and practical support will not be provided by the same sources and within the different subtypes of emotional support there will be a differentiation of sources too.*

Overall, the young people in care did report specific sources of social support for particular stressors, in line with expectations generated by Wilcox and Vernberg's (1985) theorising. Rather unexpectedly, however, the young people in the comparison group were not so clear on matching specific sources with specific stressors, instead resorting to parents and friends in the majority of cases. The young people in the comparison group relied for social support on their emotional network members, while the in-care group members were more diffuse in their support sources, seeking help for the most adequate person in their network as possible. At times, this meant resorting to people with whom the young people did not have an emotional tie, such as the parents of a friend or of a romantic partner, suggesting that friends and partners were important mediators to adult support providers for the in-care group. In most cases, the young people in the in-care group reported turning to the source of a problem. For instance, when asked whom they would talk to about problems with their social workers, most young people answered that they would talk to the social worker about it. Seeking housing, jobs and form filling were all stressors with which the young people in care reported that social workers could help. The young people knew that in order to get what they wanted, approaching any other source would not help. In other arena's too, this trend existed: when faced with malicious gossip, the young people did not



report seeking reassurance or emotional support from friends, rather they were interested in tracking down the source of the gossip and sorting out the problem. For practical support, the young people were aware of national or local support systems in place, such as formal helping agencies and charities, to whom they reported turning, if the problem could be met by these organisations. It may be that the young people in care in this sample were more likely to have experienced more of the items on the SSMA than the comparison group, and that therefore those with care experiences were better able to realistically report their sources of support. Even so, the main differences in reported support sources suggest that the young people in the in-care group consulted a wide range of experts and stressor specific support sources, while the young people in the comparison group favoured their loved ones as support providers.

*2. Compared to young people in a general sample of young people, young people with care experiences will rely less on parents, and more on other sources of social support, for both practical and emotional support.*

The young people in both groups differed considerably in the numbers of times they turned to parents for support, with the young people in the comparison group favouring parents for any type of problem, and the in-care group favouring friends and partners for emotional support. Interestingly, many of the young people in the in-care group reported that their parents loved them, but no other behavioural manifestations of love and support were reported from parents, suggesting that parental love was construed differently in both groups. The young people in the comparison group had built up an emotional, reciprocal, loving relationship with their parents over time and were able to fall back on their parents due to this emotional relationship, embedding their support needs within this important attachment. The in-care group, by contrast, often did not have a continuous and stable emotional tie with their parent, and had no experience of building up an emotional, and socially supportive relationships with parents, or other carers, over time. Many of the young people had experienced too many changes in carers, to want to fall back on their parents, from whom they might have been separated for many years. In addition, some young people thought that their parents would not meet their support needs, as they had never done so in the past. Parents who were mentally ill, or overwhelmed with caring for a family, had not built up a supportive relationship with their children, creating the young people's ongoing lack of expectation for parental support. The young people's resentment at the rejection and loss of parental figures due to entry into care was another aspect of the young people's troubled relationship with their parents, suggesting that a basic trusting relationship had never built up with the parents, and if it had, it had been destroyed, or severely challenged, by the subsequent interactions and problems in the home. So while the young people reported that their

parents loved them, this love was defined more in abstract and less in behavioural, practical terms, while the young people in the comparison group could count on their parents as providers of every type of support.

Some young people with care experiences did have a 'virtual parent' to turn to, an adult with whom a positive attachment had been formed over the years. This could be a foster carer, or a grandparent, or foster or residential carer who had acquired a near parental status. However, most young people reported seeking support from partners and friends, or other sources specific to the problem in hand. Adults played an important part in the young people's social networks: often social workers, or 'other' sources were mentioned in response to the items on the SSMA, for both emotional and practical support. Access to these sources was often via formal agencies, or via friends and partners. This access to other adults appears important, as friends and partners cannot take the role of parents in advising and supporting a young person. However, the problem with the adults cited by the young people with care experiences, is that often the young people had not built up this relationship over time, and that it was quite a new relationship. The stability of this type of helpful adult in the young people's lives then remains in question. Indeed, the follow up study suggested that few support sources remained stable over time and accounts from two subjects who were over 20 indicated that a lack of ongoing stable adult support providers had resulted in their seeking help from formal agencies after leaving care. So while the young people appear to report adequate social support, it is not clear whether emotional relationships with others are eventually forged, which result in ongoing social support into adulthood.

*3. A gap of support providers will become apparent in a sample of young people with care experiences, as the role of parental support is not assumed by other sources of social support.*

A gap of support providers was evident for the in-care group, as the comparison group turned to parents and friends for all types of support, regardless of the severity of the problem, while the in-care group more often mentioned no-one in response to SSMA items. Certainly, the young people in care did not mention foster and residential carers as frequently as their non-care counterparts mentioned their parents, suggesting that foster and residential carers do not fill the gap of parental support. Furthermore, while the young people in the in-care group spread themselves around a larger social network than the young people in the comparison group did, there was little evidence of long standing emotional ties providing the same level of all round support as the comparison group experienced. In addition, the follow up study, although very small in size, indicated that the young people were at risk of relying more and more heavily on social workers and other formal sources, and less on parents, as time went on. The young people in the in-care



group thus sought support from practical and pragmatic sources, suggesting that their emotional and social development differed from the young people in the comparison group. The gap in social support provision can thus be seen as a lack of opportunity to establish good emotional attachments. A small proportion of the in-care group, however, did experience supportive and fulfilling relationships with a foster and residential carer, suggesting that for some young people it is possible to replace the parental relationship with a meaningful emotional tie with another adult. Yet, in most of these cases, the young people had learnt from an early age that it was not safe to fall back on their own parents, as it was evident that they were unable to provide the type of support they needed. The young people were thus able to liberate themselves from their parents, and sought alternative attachment figures. Secure attachment to meaningful adults then does occur within the in-care group, but it is uncommon.

*4. Compared to young people in a general sample of young people, young people with care experiences will report friends less often as support providers.*

Friends were consistently important providers of emotional support to both groups, even though the comparison group members mentioned friends more often than the in-care group did. Friends were generally considered important as a listening ear, as day to day contacts, as providers of reassurance, acceptance and trust. Mostly, however, this was the case for young women in the comparison group. A clear gender split emerged in the friendship analyses, with females displaying affiliative, sharing friendships, focused on trust, and emotional support. Friendships of the males, on the other hand, were more clearly defined in terms of practical support. The in-care group did not mention friends as sources of emotional support as often as the comparison group, suggesting that the young people in care were not inclined to share their emotions with their friends to the same extent as those in the comparison group. Differences between men and women in this respect have been well documented elsewhere, suggesting that the gender differences reported in this thesis resemble outcomes of other studies. However, the difference between the in-care group and comparison group in terms of friendships has not been previously reported. Possibly young people in the in-care group have learnt to keep their feelings hidden from others, or do not trust their friends to the same extent as those in the comparison group. These different friendship contents for the in-care and comparison groups point to the care experience affecting young people's willingness and ability to trust other people, on the basis of their attachment with their parents and the lack of basic trust in the parent - child relationships. Furthermore, the young people with care experiences not only have memories of rejection in the home, but also of constant loss and re-attachment while in care, contributing to a lack of permanent relationships in their lives. In addition, the friendships of the comparison group were

more reciprocal, while friends for the in-care group are another pragmatic relationship from whom support can be derived. Friendships then appear to have different functions for the two groups: the young people in the comparison group (in particular the females) love their friends, and share their problems and happy events with each other, while the young people in the in-care group are less willing to share, and use their friends as support sources, without necessarily reciprocating in an emotional relationship. The findings here thus point to the life long importance of learning relationship skills as a child, within a loving, emotional and reciprocal relationship with parents, or other significant adults. Trusting parents, or carers, to provide for every need and learning to share emotional events instils an ability and willingness to take on reciprocal relationships with other people, so that more intimate relationships can develop with friends, and romantic partners. The young people with care experiences instead develop relationship within a pragmatic framework, deciding whom will be best suited to help when in particular need.

*5. Compared to young people in a general sample of young people, young people with care experiences will have smaller social networks.*

Surprisingly, this hypothesis was not supported: the young people in-care had larger, rather than smaller social networks, than did the comparison group. However, it has become increasingly clear that the larger social support networks of the young people in the in-care group contain more remote, formal helping sources, than intimate support providers. The young people in the comparison group had smaller networks, as they described turning to their parents and friends for most types of support, suggesting that a few relationships sufficed for their emotional and practical needs. These findings support Kelly's observation that 'healthy' individuals specialise their support needs and turn to fewer people, while 'undistributed dependency', or turning to 10 or more people for help, is an indication of poor social integration. The wide ranging networks of the in-care group include many people with whom no emotional tie exists, rather the network members are people who are useful to the young people, depending on the context. The young people in the in-care group thus have a tendency to view other people as tools at their disposal, as one would view other helpful resources, such as money. Network members are seen as depersonalised assets, who might prove useful, rather than as pleasant people, whose company is as enjoyable as their support. Inherent in these larger, depersonalised networks, is the assumption that reciprocity is not a necessary condition for a relationship to exist, so that the young person can call on others for help, but does not necessarily return the favour by providing support to network members. In contrast, the smaller social networks displayed by the young people in the



comparison group are witness to the fact that these networks operate reciprocally, and consist of an ongoing emotional investment.

In the follow up study it became apparent that the young people's networks had not only changed to incorporate more formal sources, the young people's networks had also reduced in size. The young people's social networks thus changed over time, to include fewer emotional ties, and more pragmatic relationships, suggesting that the young people are at considerable risk for emotional loneliness. The follow up study, as well as the main in-care study, provided evidence for some of the young people developing depression and suicidal tendencies, illustrating that this reduction in network size was accompanied by unhappiness. The reduction in networks did thus not mean that the young people's social networks resembled the comparison group's more intimate, smaller networks, rather, the smaller social networks consisted of less personal, more remote sources, with whom no emotional ties had developed.

*6. In line with previous work carried out on the education and employment of young people in care, it is expected that young people with care experiences will have lower levels of education, and fewer opportunities for employment as compared to a general sample of young people.*

The findings indicate that the young people in the comparison group were better educated and had more qualifications than the young people in the in-care group. Due to the transitory nature of the care experience, it was expected that the young people in the in-care group would have experienced more school changes than the young people in the comparison group. This was found to be true only for secondary schooling, suggesting that schooling had been relatively stable before the age of 12 years. The young people in the in-care group had entered care on average around the age of 10, and it is possible that with the entry into care, the number of school changes increased, although no correlation was found to support this. The greater number of secondary schools experienced by the in-care group may have resulted in the poorer educational outcomes of these young people.

Employment was also a problem for the young people in care, as they were particularly likely to have experienced unemployment. The follow up study suggested that both unemployment and frequent changes of employment were common, suggesting that work did not provide a constant source of social relationships. Work contacts featured largely for some of the young people in the in-care group, as for some bosses and colleagues at work provided rather more support than was the case for the comparison group. With access to work reduced, the chances of building up careers, as well as stable social support networks are also decreased.

*7. It is anticipated that the two groups of young people will be distinguishable on the basis of their reported support sources.*

When a Discriminant Analysis was carried out on the reported social support sources of the total sample, two groups emerged which corresponded to the in-care and comparison groups, indicating that the two groups could be distinguished on reported support providers alone. The main contributors to this difference were daily care, which was provided by parents for the comparison group and by relatives and 'other' sources for the in-care group. Furthermore, the results of the discriminant analysis reflected differences in friendship content of the two groups, with the comparison group sharing positive emotions and companionship with friends, and sharing more negative emotions with partners, than the in-care group. 'Other' sources also contributed to the findings, with the young people in the in-care sample reporting these other sources more often than the comparison group, even in relation to emotional support. The Discriminant Analysis thus contributed to the overall finding that the in-care group turned to less intimate, more specialised and remote support providers, while the comparison group relied heavily on their affiliative network. This basic difference in social network constitution has not been reported elsewhere and contributes to the understanding of this vulnerable group of young people. If the comparison group members displayed 'normative' social networks and social interactions, the young people in the in-care group can be seen to be losing out heavily in terms of emotional relationships. Emotional, close relationships developed over the life span aid the young people in the comparison group in building up their intimate relationships with friends, a facility young people with care experience do not possess. It is clear that the two groups of young people differ greatly in their perceptions of social ties as a result of their childhood experiences: those with care experiences view other people in their social lives as pragmatic avenues towards desired outcomes, while the young people in the comparison group view the other people in their lives with affection and love.

While the research reported on in this thesis has contributed to a greater understanding of the social networks and friendships of young people in care, compared to young people who are not in care, new questions have also arisen from this work. Below, pertinent questions for future research are suggested, after which recommendations for social work practice and policy will be made.



### 7.3 *Recommendations for theory and research*

The stressor specific model of social support requires further work, if support sources reported by young people are to be fully understood. In this thesis it has been demonstrated that the young people's perceptions of their social network and its helpfulness differ. The young people's cognitive appraisals of events may be different too. The young people in the two groups may perceive different stressors as more or less threatening, depending on whether they have had care experiences or not. It is likely that the adaptational demands made on both groups vary considerably, due to earlier childhood and adolescent experiences. For instance, it is likely that young people with care experiences are more affected by the break up of close relationships, as such relationships appear to be rare, and fragile, in the young people's networks any way. Furthermore, it is still not known, how enhanced well-being as a result of adaptive coping influences the cognitive appraisals of event and resources, and whether this process is the same for both samples. Further work on the Wilcox and Vernberg (1985) model would be desirable, as the stressor specific seeking of social support was found to be true for in-care group, but not for the comparison group. This finding challenges the universality of the stressor specific model. If the young people in the comparison group resemble a normative sample of adolescents, then it is unlikely that the stressor specific model holds for other adolescents as well. Adolescents turn to their major attachments for both emotional and practical support, and previous research has shown that adults too turn to their closest attachment figures, or spouses, for most emotional support. (Stroebe *et al* 1996). Emotional support exchange is thus an ongoing feature of a person's life. The only specificity which was evident here, was that parents and friends were important providers of all types of support, suggesting that specific *sources* (parents, friends) rather than specific *stressors* were of importance.

It has been stated previously, that the young people in the in-care sample were less likely to ask for social support and seemed more likely to resort to other coping strategies, such as escaping behaviours (smoking, drugs, alcohol, suicide attempts, crime). Since young people in care already report feeling stigmatised and marginalised this type of behaviour does not help the development and maintenance of positive relationships with others. In addition, the process of sense-making which many of the young people with care experiences went through, also had visible effects on young people's ability and willingness to interact or seek support. Future studies could be aimed at elucidating the coping mechanisms used by these potentially vulnerable young people, and relating these to locus of control. It is likely that young people in care have learnt to cope with their problems by avoiding them, since many of their previous problems were out of their control. For instance, reasons for young people's entry into care were often not clear to the young people,

and were mostly associated with parental rather than child problems. On top of that, while in care the young people often felt dissatisfied with the lack of control they had over the proceedings. Such feelings of learned helplessness have previously been related to depression (Seligman 1975), and a minority of young people in this study did report suffering from depression. While no causal link was established here, future work should incorporate questions of locus of control, depression and other potential outcomes of the in-care experience.

Many young people reported on in this thesis knew of others, ex-flatmates and acquaintances, whom, they feared, were in prison, on the streets or otherwise not desirably housed. These young people would have been able to throw some light on the reasons why and the ways in which they had come to be so badly off, in comparison with the young people included in this study. This is the group no-one keeps track of and who are at risk of forming an unsupported underclass. Further research on this group would elucidate the mechanisms whereby such young people become homeless and might uncover ways in which this could be prevented.

Further longitudinal research would be useful in examining levels of support from childhood, through to early adulthood, to determine whether the discontinuity of support providers reported on in this thesis is replicated in a larger sample, over a longer period of time. The knowledge in this area would be much improved with more large scale longitudinal research. In addition, further family support services may mean that fewer children enter care, and rather are looked after in their homes in more flexible arrangements, such are already evident in Continental Europe. Such programmes would need careful implementation and evaluation. Bullock (1993) however, has pointed out that as UK child care research is mainly commissioned by government, costly longitudinal, and daringly innovative research designs are less likely to receive funding than cheaper cross-sectional, more conventional proposals. It might therefore be in the hands of Continental European countries to research and evaluate the more progressive child care possibilities.

#### **7.4 *Recommendations for policy and practice***

An applied study such as this one, is incomplete without policy and practice recommendations. On the basis of the findings reported earlier, the following recommendations can be made.

##### **Social workers**

Social workers are extremely important to young people in care. Not only are they legal mediators to leaving care grants and accommodation, young people seek their advice and help on other



practical matters too. For many young people in this study social workers were an appropriate source of support that could not have been replaced by anyone else. Given the importance of social workers, it seems crucial for social workers to remain in contact with young care leavers. Even though legal requirements already exist for social workers to assist, befriend and advise young care leavers, the indications are that contact is often lost, leaving young people without a vital support source. Those young people who have left care and yet return to formal agencies for help a few years later, are similar to young people in the general population who generally do not leave home never to return. Rather, parents remain an ongoing source of social support. This ongoing support source is what the young people with care experiences miss. It is imperative that social workers realise how valuable they are to the young people who have left their care, and that an ongoing relationship is most probably going to be of benefit to these young people. If an ongoing relationship with a social worker is problematic, then social workers should ensure that other people (preferably adults) in the young persons' network can take on this continuing monitoring role, so that the young people have at least access to one adult for support.

A difficulty arising from the legal obligation to 'assist, befriend and advise' is how the term 'befriend' is to be interpreted. It is almost a contradiction in terms to expect social workers to make friends with their clients. While the idea of social workers continuing their support to young care leavers would contribute to the young people's sense of stability, it is questionable whether befriending would not better be provided by outsiders. A scheme is imaginable in which young people are befriended by young people in their locality, who might themselves have been in foster or residential care. Friendship cannot be created without the willingness on two people's side to enter into a reciprocal, emotional relationship. Volunteers might be appointed to attempt to befriend young people leaving care, to offer a listening ear and a helping hand.

### **Friends and partners**

From this study it also becomes very clear that friends and romantic partners play an important role for young people with care experiences. While friendships forged in care do not always last into young adulthood, friends are reported as vital sources of both emotional and practical support. However, friendships in care differ from those made by young people in the general population, in that they lack the reciprocity and intimacy evident in such friendships. More efforts should be made by those surrounding children in care, early on, to help young people develop and maintain friendships. Social skills training may be an important tool in helping young people develop friendships, as emphasis can be placed on the importance of give and take, as well as on sharing views, and learning to develop intimacy. Friendships might be encouraged by social services professionals, as well as within schools, by encouraging young people with care

experiences to forge more community links, by discouraging frequent moving around, and by providing opportunities and places for young people to meet. A start has already been made in this direction, since outcome schedules developed by Parker, Ward *et al* (1991) now incorporate sections on both family and non-family relationships, so that social services are more aware of the social networks of the young people. Friends however are not an optional extra to young people in care, and close attention should be paid to this element of social development of adolescents in care

Children in care almost certainly have poor attachment experiences, and continue to cycle through loss, re-attachment and rejection. While this aspect of change might be avoided by providing stability for the child either in more long term fostering placements, or instead by avoiding taking children out of their homes, the formative experience of the parent - child relationship cannot be ignored. The ongoing effects of the lack of trust are evident in the young people's friendships. It seems vital to strengthen the young people's emotional development, early on, so that the young people can build up their skills and ability to make friendships. Without the supportive parental context as it exists in most family homes, this is a difficult issue to address. It is possible that with the implementation of the Children Act 1989 more continuous relationships with parents will exist, and that even when they don't, that other people with parental responsibility remain a constant feature in the child's life. Promising programmes have been instigated in Continental Europe, as well as in the US, which might aid the emotional development of young people at risk, within their homes. An emphasis on communication strategies and careful examination of the family system is the key to programmes such as Home Builders, which aim to preserve families, while strengthening the family's ability to deal with stressors. It is likely that the effect of such interventions would not be confined to family interactions, but rather that the children would benefit from such interventions for their friendships development too.

Young people's romantic partners too, are crucial providers of emotional support, even if the relationships are not of long duration. While short-term romantic relationships may not be taken seriously by adults, the indication is that many young people in care live with partners, and trust them more than anyone else, whatever the longevity of this relationship. Possibly social workers and foster or residential carers could help young people by acknowledging the importance of these relationships to young people and by supporting young people in the choices they face in creating their own family environment. It seems that partners have been neglected not only in the literature, but also in practice. Since they are reported to provide much needed support, including daily monitoring, to young people in care, interventions should be undertaken not only in



partnership with the young person in care, but also with their partner. While adults may have cynical doubt about the potential length of these relationships, their importance must not be underestimated. Within the partner relationship it is likely that difficulties will arise relating to trust and intimacy, and so assistance to the couple to help develop their emotional relationship might be useful to establish the close emotional tie so needed. A trusting, reciprocal relationship between partners would also help the subsequent emotional and social development of their children, suggesting that poor emotional relationships need not persist through the generations. Counselling help is not enough: the young couples do not just need a listening ear, they need to develop their relationship skills and awareness too. Again, Continental European countries already offer low threshold, couple or family services, oriented specifically towards the client's needs. This type of service would be welcome in the UK too.

### **Residential and foster carers**

Residential and foster carers emerged as further important providers of mainly practical but also emotional support. Again, although these people perform close to parenting roles in some of the young people's lives, too often an ongoing relationship after the care experience is either impossible due to heavy caseloads, or discouraged for other reasons. While young people report ambivalent feelings towards their foster and residential carers, those who find their carers useful, and have a warm relationship with them, often continue to seek their support. Unfortunately, those who have not developed warm relationships with carers often go on to vilify them long after their care experience is over. It seems that considerable care should be taken in matching carers and clients as carefully as possible from the start. A careful placement policy could lead to more success in long term placements and thus to better support sources for those in care and leaving care. Once again, a match of carer and child implies that the child should be consulted about their particular wishes, which may increase both the child's and carers' motivation to make the placement work. After all, being looked after includes more than being fed and clothed and primary carers play an important role in the development of trusting relationships. Foster and residential carers could thus have a more important role to play in the young people's social and emotional development, which resembles the role parents play in other families.

Furthermore, with the implementation of family support services, it is thinkable that foster and residential placements become short term rather than long term, but that they should include more specific programmes of carefully identified goals to aid the child's development while it is out of the home. For instance, problems with trusting relationship might be addressed by helping both parents and child to learn to build up a relationship again, even if the child lives out of the home for a short while. A multi-level approach might help the child and family more than

removal from home. The whole family system needs help and support, and this is often not provided in the UK. Supporting the parents with couple therapy, the child with a short term out of home placement, supplemented with psychotherapy or counselling, and substitute carers with professional support, may offer a better chance for the family to stay together and develop together. Again, such wide ranging services already exist in Continental Europe, but they are lacking in the UK. The legal framework to set up such services is already provided by both the Children Act 1989 and the increasingly common Community Care, focusing on family preservation, and treatment within the family, rather than out of home placement.

White, Carr and Lowe (1995) have pointed out, that the financial resources from Government are not being put into family services, as envisaged in the Children Act 1989. This forms an interesting paradox: research and the Children Act advocate supporting families, while the Government is loath to fund this. If family support services are not adequately funded, it is likely that more children will be dealt with under costly care or supervision orders (White, Carr and Lowe 1995), effectively wiping out the savings made on family services. This type of situation is described by Gottesman (1994) as typical 'political short-term-ism', which is incompatible with child care matters, as they require ongoing revision and long-term solutions. Child care problems when not tackled, do not go away: instead of being child care problems, they become adulthood problems. Short-term-ism therefore does not pay off. It is regrettable that politics and family policy do not appear to have a reciprocally beneficial relationship.

### **Education and employment**

Young people's education and employment prospects also need attention. If young people in care remain uneducated and unemployed the risks of perpetuating the 'poverty - divorce - children in care' cycle are increased. Furthermore, access to the world of further education and employment increase the social circles of young people with care experiences. While the charity for young people in care 'Who Cares?' has added education and employment to their action agenda, few such positive programmes have been initiated outside London. Social workers with special responsibility for care leavers might be able to set up local job and training opportunities, to help young people develop their skills, competencies, and social networks, and ultimately, their chances in life.

### **Personal knowledge and identity development**

Young people with care experiences did not always know details of their past, and their family's circumstances. Many tried to make sense of their experiences and their feelings of loss and rejection. Often the young people needed to talk about their past, filling in the gaps in their



personal knowledge with social work files. For some, this task was carried out with the help of former social workers or other carers, but many grappled alone with little information and little help. This process requires both practical support in the form of access to files, which social workers can provide, and emotional help, in the form of a listening ear, or sounding board, which might be better provided by a health care professional. While access to personal social services files is now legally possible after leaving care, many found this an arduous, and at times impossible task. If young people feel they cannot discuss their personal lives with social workers or former carers, steps should be taken to ensure that the young person has an alternative source of information, and help, so the young person can move on to establish their identity and make plans for their future.

Not only a lack of personal history, but also memories of damaging family life, or of life in care, took their toll on the young people in care. Many experienced health problems which were related to the care experience, ranging from depression and attempted suicide to nightmares and sleeplessness. No specific help was available to the young people, who were trying to cope with these problems as best as they could, only consulting a G.P. if they felt it necessary. If events leading up to care, and being in care can be so damaging to young people, then why are young people not guided and supported better throughout? It would appear to be advisable to at least offer counselling to those who want it, as a matter of routine, to enable young people to come to terms with often harrowing experiences. While such services would be costly in the short-term, other care-related long-term problems might be avoided, suggesting that the costs outweigh the benefits.

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## **APPENDICES**

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## **Appendix 1: Open-ended interview used for pilot study**

### ***Biographical information:***

age?

gender?

where do you live? whom with?

How long have you been there? How did you come to live there?

### ***Care history:***

How long have you been in care?

Do you like it? Why (not)?

Can you tell me what is good about being in care?

Can you tell me what is bad about being in care?

What advice would you give to other people in care?

### ***Relationships:***

So which people do you see, day to day? Are you related to these people? Are they your friends? (i.e. clarify relationships)

Where do you see them?

Do you see them often?

And which of these people do you like seeing?

What do you think of these people? Are they nice people? Why, why not?

Who is most helpful to you? Why?

Who is least helpful to you? Why?

Who do you go to if you have a problem? Why?

### ***Stressful events:***

Can you think of anything that happened to you recently that you found stressful?

Was it good, or a bad experience?

Did you do anything about it? Did you ask anyone to help you?

If you cannot think of anything that happened to you, can you imagine an experience you would find stressful?

Would that be a good, or a bad thing?

Would you do anything about it? Would you ask anyone to help you?

If you can't think of anything, and can't imagine anything, is there anything that happened to a friend of yours, which your friend found stressful?

Was it good, or a bad experience? Would you have found it stressful?

Did your friend do anything about it? Did your friend ask anyone to help them? Would you have done the same thing if you had been your friend? Why? why not?

### ***Miscellaneous:***

What advice would you give to other people in care?

Is there something you were expecting me to ask, that I didn't?

**Appendix 2: Pilot interviews: topics brought up by young people, and their relevance to the development of the SSMA. Topics identified in the literature and their contribution to the SSMA.**

Topics arising from pilot interviews with young people in care (N=7), with quotes from the interviews in italics. Where appropriate, the relevance of the quote to the development of the SSMA is noted. Topics arising from the literature are also listed, to show how the items resulted both from the empirical and literature research.

**Being in care - SSMA item empathy 4**

- moving around: *'haven't been in one place for longer than two years'* (male, number 2)
- lack of privacy: *'Everyone knows your business in here, it's terrible. You can't keep anything quiet!'* (female, number 1)
- other people in care-home, friendships in care: *'They can really get on your nerves... but sometimes it can be really good, cos we had a group of girls and it was great, the leader was X, and we all hung around her, and we used to have a laugh all the time'*. (female number 1)
- freedom in care
- changes of placement coming as a surprise; lack of consultation on decision making; problems with social workers;  
*'I can remember one social worker. She will be leaving soon. Social workers are no good, I wish I didn't have one. They are handy for money!'*. (male, number 2)  
*'My social worker is great, she really tries to help. She comes every week and is helping me with the baby and that.'* (female number 3)
- **Literature:** relationships with social workers; decision making in care (Stein and Carey 1986).

**Leaving care**

*'Leave care, ha. Get my dad's address, read through all my files, my reports from every day for 6 years in a children's home, thick file like this, read every page, take me a year to do it. Cos once I am 18, I get access to all my files and everything'*. (male, number 2)

*'I'll probably, I don't know whether it will be before or after I am 18, but I'll be going into supported lodgings. But once I'm 18 depending on whether social services will extend my care, so they'll pay me through the lodging, cough up another year or so. If I got a decent full-time job I'll like rent somewhere and pay my own rent, so I'll be completely independent'*. (male, number 2)

*'I am really looking forward to leaving this place! I will probably get a place of my own, somewhere in town, and be free. Have some more privacy too!'* (female number 1)

**Literature:** housing: finding suitable housing, moving (Stein and Carey 1986) - SSMA items tangible 1; information

**Relationships with others**

- girl/boyfriends, quarrels and support; - SSMA item empathy 1
- boyfriend in prison *'He was in prison but then he had to appear in the Crown court and they said they can't keep prisoners here anymore, so they sent him down to Suffolk. And I have put up a petition and everything, try to get him moved closer because soon I won't be able to go anywhere'*. (female number 3)  
*'They let him out to get married. He wanted to get married before the baby'*. (female number 3)  
*'There was some trouble... some of his mates started slagging me off and that, and they started to tell him I am ... well, eh, a slag, and that... I have to go and talk to him in prison... it's terrible..'* (female number 3)
- parents, step-parents, step-siblings and their influence on the family
- family fights; physical abuse; verbal abuse; psychological abuse - SSMA item conflict
- friends; best friends



*'She's my best friend, right, so I can tell her anything! If I had a really bad problem, I mean, really bad, I would .. I think I would still talk to my friend, because she would listen, and not tell me what a stupid cow I'd been, but just try and help me out of it, you know?'* (female number 7)  
 - SSMA item acceptance 2

- anger; taking it out on other people
- loss of contact with mother, untraceable because of maiden name
- hate father *'Because he put me in care in the first place'* (male, number 2)
- No contact with other relatives: *'Haven't seen them for years. I don't know anything about them'*. (male, number 2)  
*'I'm not interested in my other relatives to be honest, the only one that matters is me mum'*. (female number 7).
- **Literature:** conflict with parents, autonomy and dependence (SSMA item conflict) (Coleman and Hendry 1990)  
 opposite sex, romantic relationships (SSMA item empathy 1) (Coleman and Hendry 1990)  
 peers and friendships, confidant relationships (SSMA item acceptance 1, 2) (Coleman and Hendry 1990)

### Education

- school changes: *'I haven't stayed more than two years in a school really. First and second year in secondary school, third and fourth year, got kicked out in second year, got kicked out in fourth year, and then because I was doing so crap in school, they dropped me down a year, so I did the fourth year, and I was such a clown, they kicked me back up the fifth year, and then I got thrown out because I swore at a teacher'*. (male, number 2)
- leaving school: *'I left school because I got pregnant.. never did my GCSE's.'* (female number 3)  
 no qualifications
- **Literature:** Literacy: filling in forms, writing letters (Stein and Carey 1986) - SSMA item tangible 4; trust 2

### Jobs

- difficulty in finding jobs
- whom to ask for references if school record has been problematic - SSMA item tangible 2
- **Literature:** finding a job, keeping a job (Stein and Carey 1986) - SSMA item tangible 3

### Problems

- money: not having any, not being able to buy what you want; being dependent financially; not being able to budget  
*'Money? I am terrible with money! I never budget, too much hassle. I spend it all at once.'*  
 (male, number 2)  
*'I am learning to budget, but I find it really hard. I mean, I have all this money and I just want to spend it all!'* (female number 3)
- **Literature:** no money; paying bills (Stein and Carey 1986) - SSMA item tangible 5
- Housing: *'We've put our names down on the council list. We need to, because we do need somewhere else. By the time I have got a double bed in this room and a cot, there's not gonna be much room'*. (female number 3)
- **Literature:** finding suitable housing, moving (Stein and Carey 1986) - SSMA item tangible 1; information
- Feeling low, depressed, bored, nothing to do - SSMA item acceptance 2; empathy 3  
*'Sometimes I am really bored, you know, really bored. I can be in a really bad mood'* (female number 3)  
*'Being in care? It's boring!'* (male number 2)

- **Literature:** loneliness, lack of money and opportunity to socialise (Stein and Carey 1986) - SSMA item empathy 3

**Personal matters**

- pregnancy, having children (female number 3) - SSMA item empathy 2
- under age drinking (male, number 2)(female number 7) - SSMA item notice 2
- **Literature:** pregnancy and single parenthood (Stein and Carey 1986) - SSMA item empathy 2
- clothes, looks, appearance (Coleman and Hendry 1990) - (SSMA item reassurance 2)
- drugs and alcohol use (Stein and Carey 1986) - SSMA item notice 2

**Named support sources by young people in pilot study**

Parents: mother, father, step-mother, step-father, adoptive mother, adoptive father; mother's boyfriend, father's girlfriend

*In loco parentis:* Foster parents, foster grandparents, foster siblings, foster aunts and uncles

Other relatives: uncle, aunt, grandmother, grandfather, step-grandmother, adoptive grandmother, adoptive grandfather, brother, sister, half-brother, half-sister, step-sister, step-brother, adoptive brother, adoptive sister

Formal helping agencies: job centre, benefit office, career's office, social worker, keyworker, residential worker, teacher, social services, housing office, hospital, police, probation officer, community centre

Friends, colleagues, school mates, people in gang, boyfriend, girlfriend, neighbours

Friend's parents, boy or girlfriend's parents, boy or girlfriend's other relatives, such as brothers, sisters, grandparents and uncles and aunts.

**Comparing support categories used in research on young people leaving residential care in The Netherlands by Smit (1993), to those used in this thesis.**

<b>Smit (1993)</b>	<b>This thesis</b>
Immediate, nuclear family	1. Parents
Other relatives	2. other relatives
Friends	3. friends
Professional helping agencies	6. Social workers, professional helping agencies and formal institutions
Formal institutions	
Other people	7. other people
Work / school	
Neighbours	
	4. Partners
	5. Foster and residential carers



### **Appendix 3: SSMA: Linking SSMA items with appropriate type of support and item number on in care group questionnaire**

Here follows a list of social support subcategories and the items developed from the open-ended interviews with young people in care. For each subtype, the items are listed, together with their corresponding numbers on the **in-care questionnaire**.

Social support (total number of items = 27)

Emotional support: 21 items total

1. love (2 items)
  - love 1: who loves you no matter what? (item number 13)
  - love 2: who would bend over backwards to help you? (item number 8)
2. like (2 items)
  - like 1: who would you buy gifts for? (item number 6)
  - like 2: who would you take on holiday with you? (item number 12)
3. reassurance (3 items)
  - reassurance : who would reassure you if people were spreading malicious gossip about you? (item number 5)
  - reassurance 2: who would reassure you about your clothing? (item number 7)
  - reassurance 3 (periods)* (item number 27)
4. trust (2 items)
  - trust 1: who do you trust enough to tell a personal problem? (item number 16)
  - trust 2: who do you trust enough to show them a personal letter for them to check over? (item number 21)
5. empathy (5 items)
  - empathy 1: who can you talk to if you have had an argument with your partner? (item number 14)
  - empathy 2: who can you talk to if you are afraid you (or your girlfriend) might be pregnant? (item number 19)
  - empathy 3: who could you phone for a chat any time? (item number 24)
  - empathy 4: who would you talk to if you felt social services were not listening to you?* (item number 28)
  - empathy 5: if you were happy, who would you want to talk to? (item number 29)
6. acceptance (2 items)
  - acceptance 1 whom do you tell good news to? (item number 10)
  - acceptance 2 who would listen to you when you are in a bad mood? (item number 23)
7. conflict (1 item) (item number 2)
  - conflict: if you had a row with your parents (or carers), who would you talk to?
8. notice (4 items)
  - notice 1: Who would notice a good mood (item number 1)
  - notice 2: Who would notice if you were in trouble? (item number 3)
  - notice 3: Who would notice if you were ill? (item number 20)
  - notice 4: Who would notice if you were sad? (item number 26)

Practical support: 6 items total

9. informational (1 item)

- Who would help you find accommodation? (item number 11)
10. tangible (5 items)
- tangible 1: if you needed a bed for the night (item number 9)
  - tangible 2: who would give you a reference for a job? (item number 15)
  - tangible 3: if you needed help finding a job, who would you ask?  
(item number 18)
  - tangible 4: who would help filling in forms (item number 25)
  - tangible 5: who would lend a small amount of money. (item number 22)

\*Items in *italics* were excluded for reliability analysis, because

1. the item was only of interest to females
2. the item was only applicable to young people in care.



**Appendix 4: Data matrix as used in clusters to assess reliability of SSMA  
(N=100; Questionnaire version)**

```

BMDP2M: Clustering of cases
/PROBLEM      TITLE IS 'RELIABILITY: COMPARISON SOURCE BY ITEM.'
/INPUT        VARIABLES = 10.
              FORMAT = FREE.
/VARIABLE     NAMES = ITEM, PARENTS, RELATIVES, FRIENDS, PARTNER,
              FOSTER/RESID, SOCIALW, OTHER, NO-ONE, MISSING.
              USE= PARENTS, RELATIVES, FRIENDS, PARTNER,
              FOSTER/RESID, SOCIALW, OTHER, NO-ONE.
/END

```

item	parents	relatives	friends	partner	foster	socialw	other	no-one	missing
1	0.052	0.094	0.510	0.281	0.000	0.000	0.042	0.14	0.04
2	0.707	0.192	0.030	0.273	0.000	0.000	0.020	0.09	0.01
3	0.490	0.240	0.365	0.188	0.000	0.021	0.050	0.03	0.04
4	0.210	0.110	0.450	0.250	0.000	0.010	0.030	0.09	0.00
5	0.596	0.101	0.263	0.030	0.000	0.010	0.071	0.03	0.01
6	0.433	0.113	0.351	0.165	0.000	0.310	0.620	0.07	0.03
7	0.340	0.196	0.392	0.165	0.000	0.000	0.010	0.11	0.03
8	0.295	0.137	0.463	0.316	0.000	0.000	0.021	0.02	0.05
9	0.250	0.130	0.460	0.180	0.000	0.000	0.000	0.13	0.00
10	0.273	0.141	0.515	0.030	0.000	0.000	0.020	0.09	0.01
11	0.182	0.172	0.434	0.040	0.000	0.000	0.212	0.12	0.01
12	0.031	0.092	0.592	0.357	0.000	0.000	0.000	0.07	0.02
13	0.310	0.092	0.471	0.379	0.000	0.000	0.011	0.03	0.13
14	0.570	0.520	0.280	0.410	0.000	0.000	0.050	0.08	0.00
15	0.140	0.120	0.410	0.470	0.000	0.000	0.040	0.04	0.00
16	0.412	0.216	0.258	0.103	0.000	0.021	0.062	0.10	0.03
17	0.111	0.293	0.556	0.192	0.000	0.000	0.111	0.04	0.01
18	0.093	0.040	0.113	0.000	0.000	0.546	0.598	0.05	0.03
19	0.521	0.117	0.096	0.043	0.000	0.053	0.096	0.16	0.06
20	0.610	0.130	0.200	0.080	0.000	0.010	0.050	0.00	0.00
21	0.600	0.140	0.200	0.150	0.000	0.000	0.040	0.01	0.00
22	0.394	0.091	0.384	0.253	0.000	0.010	0.020	0.06	0.01
23	0.384	0.152	0.323	0.152	0.000	0.020	0.040	0.09	0.01
24	0.680	0.103	0.144	0.134	0.000	0.021	0.124	0.09	0.03
25	0.500	0.090	0.270	0.280	0.000	0.000	0.060	0.05	0.00

## Appendix 5: Kappa values for all variables on the test - retest data (N=62)

The table below shows variable numbers 1 to 175, representing social support items and support sources. Question one is represented by variables 1 to 7, The column 'YY' shows the number of subjects naming this support source at both time 1 and time 2. The column 'YN' shows the number of subjects naming the support source at time 1 but not at time 2. The column 'NY' shows how many subject did not name this source at time 1, but did at time2, while the next column 'NN' indicates how many people did not report this source at time 1 and at time 2. Columns PO and PC are required for the formula with which to work out kappa. PO stands for the observed proportion of students who answered identically at both times, while PC stands for the expected proportion of students who changed from time 1 to time 2. The value of kappa is entered in the next column. The strength of the agreement is based on kappa's value ( $\kappa$ ). Kappa is described as being poor when it is equal to or less than zero, slight when between 0.01 and 0.20, fair when between 0.21 and 0.40, moderate when between 0.41 and 0.60, substantial when between 0.61 and 0.80, and perfect when over 0.81 (Everitt 1996).

QuestionSource	YY	YN	NY	NN	PO	PC	KAPPA ( $\kappa$ )	Strength of agreement
1. parents	2	1	2	57	.9516	.8933	.5463	Moderate
family	4	2	3	53	.9194	.8122	.5706	Moderate
friends	38	4	10	10	.7742	.5973	.4393	Moderate
partner	24	3	8	27	.8226	.4979	.6466	Substantial
social work	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
2. parents	11	1	10	40	.8226	.5989	.5577	Moderate
family	5	5	6	46	.8226	.7185	.3697	Fair
friends	41	4	6	11	.8387	.6165	.5794	Moderate
partner	22	5	10	25	.7581	.4979	.5181	Moderate
social work	1	0	0	61	1.0000	.9683	1.0000	Empty Cells*
other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
3. parents	41	2	3	16	.9194	.5812	.8075	Perfect
family	5	5	5	47	.8387	.7294	.4038	Moderate
friends	22	3	10	27	.7903	.4969	.5832	Moderate
partner	19	2	4	37	.9032	.5416	.7889	Substantial
social work	1	1	5	55	.9032	.8772	.2119	Fair
other	1	3	3	55	.9032	.8793	.1983	Slight
4. parents	54	1	3	4	.9355	.8247	.6320	Substantial
family	8	4	6	44	.8387	.6681	.5141	Moderate
friends	5	4	6	47	.8387	.7289	.4050	Moderate
partner	15	4	2	41	.9032	.5874	.7654	Substantial
social work	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
5. parents	51	2	4	5	.9032	.7747	.5704	Moderate
family	4	7	7	44	.7742	.7081	.2264	Fair
friends	24	7	6	25	.7903	.5000	.5806	Moderate
partner	18	4	6	34	.8387	.5328	.6548	Substantial
social work	0	0	1	61	.9839	.9839	.0000	Empty Cells*
other	0	1	0	61	.9839	.9839	.0000	Empty Cells*
6. parents	20	6	8	28	.7742	.5078	.5412	Moderate
family	4	5	4	49	.8548	.7633	.3868	Fair
friends	45	2	5	10	.8871	.6582	.6697	Substantial
partner	29	4	4	25	.8710	.5021	.7409	Substantial
social work	0	1	1	60	.9677	.9683	-.0164	Empty Cells*
other	1	1	1	59	.9677	.9376	.4833	Moderate
7. parents	12	5	14	31	.6935	.5364	.3389	Fair
family	7	3	2	50	.9194	.7404	.6894	Substantial
friends	34	7	6	15	.7903	.5468	.5373	Moderate
partner	19	7	9	27	.7419	.5078	.4757	Moderate
social work	0	1	0	61	.9839	.9839	.0000	Empty Cells*
other	0	2	0	60	.9677	.9677	.0000	Empty Cells*
8. parents	21	8	7	26	.7581	.5031	.5131	Moderate
family	3	2	2	55	.9355	.8517	.5649	Moderate
friends	35	6	5	16	.8226	.5468	.6085	Substantial
partner	20	6	9	27	.7581	.5052	.5110	Moderate
social work	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
9. parents	18	4	8	32	.8065	.5234	.5939	Moderate
family	3	5	2	52	.8871	.8111	.4022	Moderate
friends	40	3	8	11	.8226	.6061	.5495	Moderate
partner	20	6	8	28	.7742	.5078	.5412	Moderate
social work	0	1	1	60	.9677	.9683	-.0164	Empty Cells*
other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
10. parents	3	3	7	49	.8387	.7732	.2890	Fair
family	5	2	0	55	.9677	.8247	.8160	Empty Cells*



	friends	46	2	7	7	.8548	.6946	.5247	Moderate
	partner	3	0	2	57	.9677	.8788	.7339	Empty Cells*
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	1	0	61	.9839	.9839	.0000	Empty Cells*
11.	parents	2	0	2	58	.9677	.9074	.6517	Empty Cells*
	family	1	1	4	56	.9194	.8923	.2512	Fair
	friends	32	3	7	20	.8387	.5166	.6663	Substantial
	partner	3	5	1	53	.9032	.8231	.4529	Moderate
	social w	11	3	2	46	.9194	.6592	.7634	Substantial
	other	2	2	1	57	.9516	.8933	.5463	Moderate
12.	parents	11	5	1	45	.9032	.6483	.7249	Substantial
	family	6	2	4	50	.9032	.7513	.6109	Substantial
	friends	48	1	9	4	.8387	.7435	.3712	Fair
	partner	25	3	6	28	.8548	.5000	.7097	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
13.	parents	23	4	12	23	.7419	.4917	.4923	Moderate
	family	7	3	4	48	.8871	.7185	.5989	Moderate
	friends	40	5	11	6	.7419	.6457	.2717	Fair
	partner	30	0	7	25	.8871	.4969	.7756	Empty Cells*
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
14.	parents	53	2	3	4	.9194	.8122	.5706	Moderate
	family	25	4	7	26	.8226	.4990	.6459	Substantial
	friends	36	1	7	18	.8710	.5375	.7210	Substantial
	partner	32	3	2	25	.9194	.5062	.8367	Perfect
	social w	1	0	0	61	1.0000	.9683	1.0000	Empty Cells*
	other	1	1	1	59	.9677	.9376	.4833	Moderate
15.	parents	8	2	3	49	.9194	.7185	.7135	Substantial
	family	3	2	4	53	.9032	.8247	.4481	Moderate
	friends	28	2	4	28	.9032	.4995	.8067	Perfect
	partner	35	2	2	23	.9355	.5187	.8659	Perfect
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
16.	parents	33	6	7	16	.7903	.5375	.5467	Moderate
	family	7	4	4	47	.8710	.7081	.5579	Moderate
	friends	29	3	14	16	.7258	.5062	.4447	Moderate
	partner	11	1	8	42	.8548	.6186	.6194	Substantial
	social w	5	5	8	44	.7903	.6967	.3087	Fair
	other	0	2	0	60	.9677	.9677	.0000	Empty Cells*
17.	parents	31	5	6	20	.8226	.5156	.6337	Substantial
	family	13	13	3	33	.7419	.5390	.4402	Moderate
	friends	51	4	2	5	.9032	.7747	.5704	Moderate
	partner	21	4	4	33	.8710	.5187	.7319	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	1	0	61	.9839	.9839	.0000	Empty Cells*
18.	parents	12	3	9	38	.8065	.5832	.5356	Moderate
	family	8	5	4	45	.8548	.6779	.5493	Moderate
	friends	22	4	8	28	.8065	.5026	.6109	Substantial
	partner	6	0	0	56	1.0000	.8252	1.0000	Empty Cells*
	social w	11	4	6	41	.8387	.6165	.5794	Moderate
	other	28	15	4	15	.6935	.5062	.3793	Fair
19.	parents	31	8	8	15	.7419	.5333	.4470	Moderate
	family	5	9	3	45	.8065	.7034	.3474	Fair
	friends	24	6	8	24	.7742	.4995	.5489	Moderate
	partner	10	3	6	43	.8548	.6405	.5962	Moderate
	social w	14	12	5	31	.7258	.5312	.4151	Moderate
	other	6	4	4	48	.8710	.7294	.5231	Moderate
20.	parents	33	2	3	24	.9194	.5104	.8353	Perfect
	family	5	0	3	54	.9516	.8111	.7438	Empty Cells*
	friends	22	5	3	32	.8710	.5125	.7353	Substantial
	partner	13	1	7	41	.8710	.5973	.6796	Substantial
	social w	5	2	5	50	.8871	.7622	.5252	Moderate
	other	1	2	1	58	.9516	.9225	.3758	Fair
21.	parents	22	5	9	26	.7742	.5000	.5484	Moderate
	family	3	2	3	54	.9194	.8382	.5016	Moderate
	friends	31	7	7	17	.7742	.5255	.5241	Moderate
	partner	13	4	3	42	.8871	.6093	.7111	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
22.	parents	16	6	7	33	.7903	.5375	.5467	Moderate
	family	4	4	3	51	.8871	.7872	.4694	Moderate
	friends	34	1	11	16	.8065	.5291	.5890	Moderate
	partner	22	3	6	31	.8548	.5094	.7041	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
23.	parents	13	7	9	33	.7419	.5515	.4246	Moderate
	family	6	2	6	48	.8710	.7274	.5267	Moderate
	friends	39	4	4	15	.8710	.5749	.6965	Substantial
	partner	22	2	3	35	.9194	.5219	.8313	Perfect

	social w	1	1	1	59	.9677	.9376	.4833	Moderate
	other	0	0	1	61	.9839	.9839	.0000	Empty Cells*
24.	parents	34	4	7	17	.8226	.5364	.6173	Substantial
	family	7	2	4	49	.9032	.7289	.6430	Substantial
	friends	37	2	7	16	.8548	.5541	.6744	Substantial
	partner	27	3	5	27	.8710	.4995	.7422	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	3	59	.9516	.9516	.0000	Empty Cells*
25.	parents	21	0	14	27	.7742	.4792	.5664	Empty Cells*
	family	4	2	4	52	.9032	.7992	.5181	Moderate
	friends	30	5	10	17	.7581	.5187	.4973	Moderate
	partner	24	3	5	30	.8710	.5042	.7398	Substantial
	social w	0	0	0	62	1.0000	1.0000	1.0000	Empty Cells*
	other	0	0	1	61	.9839	.9839	.0000	Empty Cells*

\*'Empty Cells' denotes that kappa values could not be calculated due to empty cells. However, most of the variables with empty cells showed no change at all from Time 1 to Time 2.



INTERVIEW

This interview is all about situations in your life and the people around you. The questions all relate to situations that you may or may not have been in. Please try to imagine what you would do in all situations described below. Just answer by writing in the person, yourself, or nobody, that you think would be useful in each situation.

All answers will be kept in complete confidence. Thank you for helping me out with my survey!

- 1. If you were in a very good mood, who would notice first?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

- 2. You're having an argument with your parents. It's really bad: you shout, they shout, you say things you had rather not said and they are having a go at you. When you can talk no more, you storm out of the house and you phone... who? or visit... who? And what would you want them to do?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

- 3. There's trouble. You have been messing with drugs and drink and you know that if you go any further you are going to be in even greater trouble. Deep down you know this, but you need someone to tell you to convince you. Who would notice that you are in trouble?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

4. It's a miracle: the person you like least has disappeared and nobody knows where they have gone. You're relieved! Who is this person?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

5. People in your area are spreading rotten gossip about you and it isn't true. Slowly but surely people are avoiding you and you think it's because of all the talk. You're angry and upset. It's all lies. Is there anyone you could talk to about this situation?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

6. If you won one million pounds tomorrow, who would you buy a present for?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

7. You want to go to a party and feel you have nothing to wear that you look good in. Is there anyone who would understand these anxieties? Is there anyone who reassures you that you look fine and who means it?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

8. Who do you think, if anybody, would bend over backwards to help you out of trouble?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....



9. You have been kicked out of your room without any notice. It's late in the afternoon and you need a floor to doss down on. Who do you think would have you for at least one night while you sort yourself out?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

10. Usually when you have good news you turn to the same person over and over again, just because you like the way he / she reacts. Who is this person and how does he / she react?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

11. Say you slept on someone's floor for a couple of nights and you really need a place of your own. You go from agency to agency and everything is far too expensive or in the wrong area. You're getting pretty desperate and want to ask someone to help you. Who can you approach?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

12. If somebody offered you a free trip anywhere in the world, where would you go and who would you take with you?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

13. If there is someone in this world who loves you no matter what, who would that be?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

14. You have had an argument with your boyfriend and you are really upset and confused. You really want to vent off some steam to someone. You feel he has been really unreasonable. Who would be your first choice to talk to?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

15. There's a job in the paper and it's just the job for you! You have got just the experience they need and you can start on the date they propose. You're keen and really want this job. There's one problem: it says you need two references. Who can you ask to give a reference?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

16. You need to talk to someone you can trust, because you have something personal on your mind. Who do you trust enough to talk to about it?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

17. If you could go anywhere in England to live, where would you go and why?

.....

.....

18. You are out of a job and there's no jobs at the Jobcentre. You really need to pay your bills, or else you're in big trouble with your landlord and others. You feel you have tried hard to find something and now need a job quick! Who can help you out?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....



19. You slept with someone Fridaynight, after a very good party. The problem is, you were quite drunk, so you can't remember whether you used a contraceptive or not. Now you've sobered up, you think there's quite a good chance that you're pregnant and you're starting to panic. What do you do? Do you tell anyone about it? If so, who do you tell?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

20. You are ill. Is there anyone who would notice?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

21. You have to write an official-ish letter (eg applying for a job) and you are worried about your spelling. It's not that you always spell things wrong, but in this case you don't want to run the risk of looking a fool. Is there anyone whom you could trust who wouldn't tell on you or make fun of you, that you could show the letter?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

22. You are skint and need to borrow 5 pounds. You'll be able to pay it back soon but you don't have it now; it's an emergency- you need the money NOW! Who do you ask first?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

23. It's one of those days: no job, no school and you are depressed. Which person could you turn to who would listen to you while you are in such a mood?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

24. You've been out and busy all day and you're very tired when you get home. You have a quick tea and plant yourself in front of the television. You feel bored and a bit lonely, because there is nobody around. Who do you phone?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

25. You are looking for a place to live and some agency has given you a form to fill in. It's hard: the form is unclear and you need to give all sorts of personal information. If you did it by yourself it would take hours. Who do you ask to help you fill it in quicker?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

26. If you were sad, who would notice first?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....



27. It's that time of the month again. You break out in every possible symptom you usually have before a period. You could be in a mood, spotty, stuffing yourself with everything in the fridge, depressed, feeling unattractive. Who understands you best in this situation?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

28. The Social Services have a new plan for you and you feel your opinion has not been considered. Nobody has asked you how you feel and you feel miffed. This isn't the first time it has happened: you are usually kept in the dark about decisions concerning your own life. Well, this time it has gone too far and you are about to blow your top. Who would be a good person to blow off steam to?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

*Does Question 28 reflect the way you feel about Social Services?*

YES / NO

29. You are happy: everything's going well. You feel over the moon. You want to tell someone who will understand and share your feelings of happiness. Who do you tell?

.....

*What kind of relationship have you got with this person? (eg, friend, member of staff etcetera.)*

.....

Thank you for completing this questionnaire!

Annette Schlösser,  
Oxford Polytechnic  
June 1991

**Appendix 7: Sources of Social Support Questionnaire for Adolescents:  
Comparison sample**

This questionnaire is all about situations in your life and the people around you. The questions all relate to situations that you may or may not have been in. Please try to imagine what you would do in all situations described below. Just answer by writing in the person, yourself, or nobody, that you think would be useful in each situation, and try to explain how you know this person. For instance: Claire, my friend. Chris, my neighbour.

**All answers will be kept in complete confidence. Thank you for helping me out with my survey!**

1. If you were in a very good mood, who would notice first?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent etc.)*

.....  
.....

2. You're having an argument with your parents. It's really bad: you shout, they shout, you say things you had rather not said and they are having a go at you. When you can talk no more, you storm out of the house and you phone... who? or visit... who? And what would you want them to do?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

3. There's trouble. You have been messing with drugs and drink and you know that if you go any further you are going to be in even greater trouble. Deep down you know this, but you need someone to tell you to convince you. Who would notice that you are in trouble?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

4. It's a miracle: the person you like least has disappeared and nobody knows where they have gone. You're relieved! Who is this person?

.....  
.....



*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

5. People in your area are spreading rotten gossip about you and it isn't true. Slowly but surely people are avoiding you and you think it's because of all the talk. You're angry and upset. It's all lies. Is there anyone you could talk to about this situation?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

6. If you won one million pounds tomorrow, who would you buy a present for?

.....  
.....

*What kind of relationship have you got with this person / these people? (eg, friend, parent)*

.....  
.....

7. You want to go to a party and feel you have nothing to wear that you look good in. Is there anyone who would understand these anxieties? Is there anyone who reassures you that you look fine and who means it?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

8. Who do you think, if anybody, would bend over backwards to help you out of trouble?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

9. You have been kicked out of your room without any notice. It's late in the afternoon and you need a floor to doss down on. Who do you think would have you for at least one night while you sort yourself out?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

10. Usually when you have good news you turn to the same person over and over again, just because you like the way he / she reacts. Who is this person and how does he / she react?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

11. Say you slept on someone's floor for a couple of nights and you really need a place of your own. You go from agency to agency and everything is far too expensive or in the wrong area. You're getting pretty desperate and want to ask someone to help you. Who can you approach?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

12. If somebody offered you a free trip anywhere in the world, where would you go and who would you take with you?

where: .....

with who: .....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

13. If there is someone in this world who loves you no matter what, who would that be?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

14. You have had an argument with your boyfriend / girlfriend and you are really upset and confused. You really want to vent off some steam to someone. You feel he / she has been really unreasonable. Who would be your first choice to talk to?

.....  
.....



*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

15. There's a job in the paper and it's just the job for you! You have got just the experience they need and you can start on the date they propose. You're keen and really want this job. There's one problem: it says you need two references. Who can you ask to give a reference?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

16. You need to talk to someone you can trust, because you have something personal on your mind. Who do you trust enough to talk to about it?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

17. If you could go anywhere in England to live, where would you go and why?

where: .....

why: .....

18. You are out of a job and there's no jobs at the Jobcentre. You really need to pay your bills, or else you're in big trouble with your landlord and others. You feel you have tried hard to find something and now need a job quick! Who can help you out?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

19. You slept with someone Fridaynight, after a very good party. The problem is, you were quite drunk, so you can't remember whether you used a contraceptive or not. Now you've sobered up, you think there's quite a good chance that you're / the girl's pregnant and you're starting to panic. What do you do? Do you tell anyone about it? If so, who do you tell?

.....  
.....

*What kind of relationship have you got with this person? (eg. friend, parent)*

.....  
.....

20. You are ill. Is there anyone who would notice?

.....  
.....

*What kind of relationship have you got with this person? (eg. friend, parent)*

.....  
.....

21. You have to write an official-ish letter (eg applying for a job) and you are worried about your spelling. It's not that you always spell things wrong, but in this case you don't want to run the risk of looking a fool. Is there anyone whom you could trust who wouldn't tell on you or make fun of you, that you could show the letter?

.....  
.....

*What kind of relationship have you got with this person? (eg. friend, parent)*

.....  
.....

22. You are skint and need to borrow 5 pounds. You'll be able to pay it back soon but you don't have it now; it's an emergency- you need the money NOW! Who do you ask first?

.....  
.....

*What kind of relationship have you got with this person? (eg. friend, parent)*

.....  
.....

23. It's one of those days: no job, no school and you are depressed. Which person could you turn to who would listen to you while you are in such a mood?

.....  
.....

*What kind of relationship have you got with this person? (eg. friend, parent)*

.....  
.....



24. You've been out and busy all day and you're very tired when you get home. You have a quick tea and plant yourself in front of the television. You feel bored and a bit lonely, because there is nobody around. Who do you phone?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

25. You are looking for a place to live and some agency has given you a form to fill in. It's hard: the form is unclear and you need to give all sorts of personal information. If you did it by yourself it would take hours. Who do you ask to help you fill it in quicker?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

26. If you were sad, who would notice first?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

27. You are happy: everything's going well. You feel over the moon. You want to tell someone who will understand and share your feelings of happiness. Who do you tell?

.....  
.....

*What kind of relationship have you got with this person? (eg, friend, parent)*

.....  
.....

Thank you very much for completing this questionnaire!

*Annette Schlösser*

**Appendix 8:**

**Interview Schedule for those in care: BIOGRAPHY**

name .....

age .....

date of birth .....

gender m / f

race white / black/ asian/ other:

Carehistory:

age entry .....

reason entry .....

status now in care / out of care / independent / other:.....

Current living arrangement: foster / residential / supported lodgings / independent / other:  
 .....  
 since when.....

**Previous living arrangement, dates and why**

when	where	reason
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Schools**

primary schools.....	Why change
.....	.....
.....	.....
.....	.....

secondary schools.....	Why change
.....	.....
.....	.....
.....	.....

**Exam results? GCSE's? higher education? College?**

.....

.....

.....

**Employment current?:** .....

**Previous employment?:** .....

Relationships	bad / reasonable / good / no contact			
parents	b	r	g	nc
siblings	b	r	g	nc
fostercarers	b	r	g	nc
residential staff	b	r	g	nc
friends	b	r	g	nc
boy / girlfriend	b	r	g	nc



**Appendix 9: Demography questionnaire for comparison sample  
ABOUT YOU, YOUR FAMILY AND SCHOOL OR JOB**

**A. ABOUT YOU:**

Please fill in the following details:

**name** .....

**address** .....

1. Are you male / female? Please circle the appropriate answer.
2. How old are you? .....years
3. What is your date of birth? .....19.....
4. Do you consider yourself to be:
  - a. White British
  - b. Black British
  - c. Asian British
  - d. other:.....

Please circle the appropriate answer.

**B. ABOUT HOW YOU LIVE:**

5. Whom are you living with at the moment? Please circle the appropriate answer.
  - a. with mother
  - b. with father
  - c. with both parents
  - d. with mother and stepfather
  - e. with father and stepmother
  - f. alone
  - g. independent with boy/girlfriend
  - h. other: .....

6. Have you always lived with this person? Please circle the appropriate answer.

YES NO

7. If not, could you please write with whom you lived before?

with: .....

8. When did you live with this other person before?

from age ..... till age .....

9. Where was this?

.....

**C. ABOUT YOUR SCHOOL(S)**

10. How many primary schools did you attend? Please circle the number of primary schools you went to.

1      2      3      4      more: .....

11. If you changed schools, why was that?

.....  
.....  
.....

12. Did you attend a Middle School as well as a primary and secondary school? If yes, how many Middle Schools did you attend?

1      2      3      4      more: .....

13. How many secondary schools did you attend? Please circle the number of secondary schools you went to.

1      2      3      4      more: .....

14. If you changed schools, why was that?

.....  
.....  
.....

15. Did you take any GCSE's at school?                      YES                      NO

16. If you didn't, why not?

.....  
.....  
.....

17. If you did, what results did you get?

.....  
.....  
.....  
.....

18. Did you take any exams after GCSE's (eg A-levels, City and Guilds, other diplomas and certificates)? Which ones? What were your results?

.....  
.....  
.....  
.....

**D. ABOUT YOUR JOB(S)**

19. Have you got a full-time job at the moment? Please circle the appropriate answer.

YES                      NO



20. If yes, what do you do?  
.....  
.....

21. Have you got a part-time job at the moment?

YES NO

22. If yes, what do you do?  
.....

23. Before this job, did you have other jobs?

YES NO

24. If yes, what was it / were they? Were they full-time or part-time?

.....ful-time / part-time  
.....ful-time / part-time  
.....ful-time / part-time

25. Does your father have a job at the moment?

YES NO

26. If yes, what does he do?  
.....

27. If no, what did he used to do?  
.....

28. Does your mother have a job at the moment?

YES NO

29. If yes, what does she do?  
.....

30. If no, did she ever go out to work?

YES NO

31. If yes, what did she do?  
.....

**E. ABOUT YOUR RELATIONSHIPS**

The following questions are about the people in your life. Please circle the word that describes your relationship with this person best. If you do not see a person at all, please circle "no contact". If none of the words apply, please choose a word and write it after "other".

32. Would you describe your relationship with your mother as:

bad / reasonable / good / no contact / other: .....

33. Would you describe your relationship with your father as:

bad / reasonable / good / no contact / other: .....

34. Would you describe your relationship with your brothers / sisters as:

bad / reasonable / good / no contact / other: .....

35. Would you describe your relationship with your friends as:

bad / reasonable / good / other: .....

36. Have you got a girlfriend / boyfriend at the moment?

YES NO

37. If yes, would you describe your relationship with your boy / girlfriend as:

bad / reasonable / good / other: .....

38. Did you like filling in this questionnaire?

YES NO

39. If you have any comments, please write them down below.

.....  
.....  
.....  
.....  
.....

Thank you very much for filling in this questionnaire.

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**Appendix 10: Table showing the number of times members of the in-care and comparison group answered yes to each of the support sources, for each individual item on the SSMA.  $\chi^2$  tests (with Yates' correction) were carried out to compare the two groups, but only if each cell contained 4 or more cases. The table below shows the item number, source of support, frequencies of those in care and those in the comparison group, followed by the  $\chi^2$  value, number of degrees of freedom (d.f.=1), associated p-values, and the number of missing cases. The item Reassurance 3 is printed in italics, as it concerns females only. Below the table with  $\chi^2$  results, a key of the SSMA item labels is presented.**

Item	source	care	comparison	$\chi^2$ value	d.f.	p<	missing
Love 1	parents	13	70	26.911	1	0.001	-
Love 1	family	18	19	5.028	1	0.05	1
Love 1	friends	5	3	3.176	1	N.S.	1
Love 1	partner	15	27	0.122	1	N.S.	1
Love 1	social worker	1	0	---	-	---	1
Love 1	other sources	4	2	---	-	---	1
Love 2	parents	4	47	24.265	1	0.001	4
Love 2	family	9	23	0.682	1	N.S.	4
Love 2	friends	15	35	0.609	1	N.S.	4
Love 2	partner	12	18	0.555	1	N.S.	4
Love 2	social worker	11	2	16.078	--	---	4
Love 2	other sources	8	5	4.72	1	0.05	4
Trust 1	parents	4	21	4.056	1	N.S.	-
Trust 1	family	6	11	0.033	1	N.S.	-
Trust 1	friends	21	45	0.122	1	N.S.	-
Trust 1	partner	13	25	0.018	1	N.S.	-
Trust 1	social worker	5	1	---	-	---	-
Trust 1	other sources	4	3	---	-	---	-
Trust 2	parents	4	59	36.24	1	0.001	1
Trust 2	family	4	10	0.0172	1	N.S.	1
Trust 2	friends	6	26	4.007	1	0.05	1
Trust 2	partner	7	3	---	-	---	1
Trust 2	social worker	9	1	---	-	---	1
Trust 2	other sources	4	7	0.042	1	N.S.	1
Reassurance 1	parents	5	42	16.82	1	0.001	3
Reassurance 1	family	4	11	0.402	1	N.S.	3
Reassurance 1	friends	11	34	2.646	1	N.S.	3
Reassurance 1	partner	4	16	2.026	1	N.S.	3
Reassurance 1	social worker	5	3	---	-	---	3
Reassurance 1	other sources	15	6	15.281	1	0.001	3
Reassurance 2	parents	2	33	---	-	---	3
Reassurance 2	family	6	19	1.346	1	N.S.	3
Reassurance 2	friends	13	38	2.528	1	N.S.	3
Reassurance 2	partner	12	16	1.205	1	N.S.	3
Reassurance 2	social worker	0	0	---	-	---	3
Reassurance 2	other sources	1	1	---	-	---	3
<i>Reassurance 3</i>	<i>parents</i>	2	34	----	--	----	3
<i>Reassurance 3</i>	<i>family</i>	3	5	----	--	----	3
<i>Reassurance 3</i>	<i>friends</i>	8	22	0.8	1	N.S.	1
<i>Reassurance 3</i>	<i>partner</i>	5	5	0	1	N.S.	1
<i>Reassurance 3</i>	<i>social worker</i>	1	0	1.993	1	N.S.	1
<i>Reassurance 3</i>	<i>other sources</i>	1	1	0.246	1	N.S.	1
Acceptance 1	parents	7	28	4.283	1	0.05	5
Acceptance 1	family	9	13	0.474	1	N.S.	5
Acceptance 1	friends	34	44	2.039	1	N.S.	5
Acceptance 1	partner	14	30	0.199	1	N.S.	5
Acceptance 1	social worker	2	0	---	-	---	-
Acceptance 1	other sources	10	2	---	-	---	-
Acceptance 2	parents	4	25	6.177	1	0.05	-
Acceptance 2	family	5	13	0.284	1	N.S.	-

Acceptance 2	friends	9	46	11.254	1	0.001	-
Acceptance 2	partner	10	18	0.088	1	N.S.	-
Acceptance 2	social worker	3	0	---	-	---	-
Acceptance 2	other sources	3	0	---	-	---	-
Conflict	parents	3	5	---	-	---	4
Conflict	family	5	9	0.015	1	N.S.	4
Conflict	friends	8	49	4.826	1	0.05	4
Conflict	partner	5	27	6.311	1	0.05	4
Conflict	social worker	4	0	---	-	---	4
Conflict	other sources	5	4	1.934	1	N.S.	4
Empathy 1	parents	5	27	5.877	1	0.05	1
Empathy 1	family	5	14	0.512	1	N.S.	1
Empathy 1	friends	21	51	1.204	1	N.S.	1
Empathy 1	partner	4	3	---	-	---	1
Empathy 1	social worker	3	0	---	-	---	1
Empathy 1	other sources	5	2	---	-	---	1
Empathy 1	parents	6	18	0.94	1	N.S.	1
Empathy 2	family	4	17	2.308	1	N.S.	1
Empathy 2	friends	15	43	2.522	1	N.S.	1
Empathy 2	partner	5	4	2.079	1	N.S.	1
Empathy 2	social worker	13	0	---	-	---	1
Empathy 2	other sources	12	21	0.15	1	N.S.	1
Empathy 3	parents	4	3	---	-	---	2
Empathy 3	family	8	9	1.513	1	N.S.	2
Empathy 3	friends	25	58	1.134	1	N.S.	2
Empathy 3	partner	8	35	6.243	1	0.05	2
Empathy 3	social worker	1	0	---	-	---	2
Empathy 3	other sources	3	0	---	-	---	2
Empathy 5	parents	4	27	9.623	1	0.005	13
Empathy 5	family	5	4	0.024	1	N.S.	13
Empathy 5	friends	11	41	8.512	1	0.005	13
Empathy 5	partner	20	33	0.057	1	N.S.	13
Empathy 5	social worker	4	0	---	-	---	13
Empathy 5	other sources	13	1	---	-	---	13
Notice 1	parents	0	39	---	-	---	1
Notice 1	family	5	9	0.032	1	N.S.	1
Notice 1	friends	5	38	13.036	1	0.001	1
Notice 1	partner	16	25	0.758	1	N.S.	1
Notice 1	social worker	3	1	---	-	---	1
Notice 1	other sources	11	2	---	-	---	1
Notice 2	parents	11	38	4.04	1	0.05	1
Notice 2	family	4	15	1.527	1	N.S.	1
Notice 2	friends	9	32	3.417	1	N.S.	1
Notice 2	partner	7	15	0.035	1	N.S.	1
Notice 2	social worker	4	2	---	-	---	1
Notice 2	other sources	7	4	4.82	1	0.05	1
Notice 3	parents	4	66	47.684	1	0.001	3
Notice 3	family	4	10	0.204	1	N.S.	3
Notice 3	friends	8	14	0.064	1	N.S.	3
Notice 3	partner	18	13	10.125	1	0.005	3
Notice 3	social worker	1	2	---	-	---	3
Notice 3	other sources	14	12	5.535	1	0.05	3
Notice 4	parents	3	50	---	-	---	-
Notice 4	family	5	9	0.039	1	N.S.	-
Notice 4	friends	9	27	1.48	1	N.S.	-
Notice 4	partner	18	28	1.003	1	N.S.	-
Notice 4	social worker	1	0	---	-	---	-
Notice 4	other sources	8	6	3.939	1	0.05	-
Information	parents	2	40	---	-	---	3
Information	family	5	21	3.075	1	N.S.	3



Information	friends	9	25	1.121	1	N.S.	3
Information	partner	18	10	5.531	1	0.05	3
Information	social worker	21	2	---	-	---	3
Information	other sources	4	6	0.171	1	N.S.	3
Tangible 1	parents	7	11	0.261	1	N.S.	1
Tangible 1	family	12	29	0.467	1	N.S.	1
Tangible 1	friends	24	55	0.761	1	N.S.	1
Tangible 1	partner	6	19	1.231	1	N.S.	1
Tangible 1	social worker	3	0	---	-	---	1
Tangible 1	other sources	6	11	0.026	1	N.S.	1
Tangible 2	parents	3	9	---	-	---	3
Tangible 2	family	2	4	---	-	---	3
Tangible 2	friends	4	11	0.402	1	N.S.	3
Tangible 2	partner	1	0	---	-	---	3
Tangible 2	social worker	22	53	1.494	1	N.S.	3
Tangible 2	other sources	28	58	0.196	1	N.S.	3
Tangible 3	parents	5	49	24.715	1	0.001	6
Tangible 3	family	4	11	0.476	1	N.S.	6
Tangible 3	friends	4	9	0.099	1	N.S.	6
Tangible 3	partner	3	4	---	-	---	6
Tangible 3	social worker	11	5	9.195	1	0.005	6
Tangible 3	other sources	11	9	4.213	1	0.05	6
Tangible 4	parents	3	61	---	-	---	-
Tangible 4	family	4	13	0.829	1	N.S.	-
Tangible 4	friends	4	20	3.571	1	N.S.	-
Tangible 4	partner	6	8	0.63	1	N.S.	-
Tangible 4	social worker	17	1	---	-	---	-
Tangible 4	other sources	9	5	6.657	1	0.05	-
Tangible 5	parents	8	60	26.04	1	0.001	-
Tangible 5	family	7	14	0.000	1	N.S.	-
Tangible 5	friends	15	20	1.863	1	N.S.	-
Tangible 5	partner	11	15	1.14	1	N.S.	-
Tangible 5	social worker	6	0	---	-	---	-
Tangible 5	other sources	6	4	3.429	1	N.S.	-
Like 1	parents	14	57	11.245	1	0.001	-
Like 1	family	22	52	0.853	1	N.S.	-
Like 1	friends	12	28	0.273	1	N.S.	-
Like 1	partner	18	41	0.349	1	N.S.	-
Like 1	social worker	5	0	---	-	---	-
Like 1	other sources	15	5	18.029	1	0.001	-
Like 2	parents	0	14	---	-	---	-
Like 2	family	12	12	3.571	1	N.S.	-
Like 2	friends	12	41	4.216	1	0.05	-
Like 2	partner	20	47	0.661	1	N.S.	-
Like 2	social worker	0	0	---	-	---	-
Like 2	other sources	4	4	1.056	1	N.S.	-

**Key of items:**

love 1: who loves you no matter what?

love 2: who would bend over backwards to help you?

trust 1: who do you trust enough to tell a personal problem?

trust 2: who do you trust enough to show them a personal letter for them to check over?

reassurance 1: who would reassure you if people were spreading malicious gossip about you?

reassurance 2: who would reassure you about your clothing?

reassurance 3: who would reassure you about menstrual problems? (females only)

acceptance 1: whom do you tell good news to?

acceptance 2: who would listen to you when you are in a bad mood?

conflict: if you had a row with your parents (or carers), who would you talk to?

empathy 1: who can you talk to if you have had an argument with your partner?

empathy 2: who can you talk to if you are afraid you (or your girlfriend) might be pregnant?

empathy 3: who could you phone for a chat any time?

empathy 5: If you were happy, who would you want to talk to?  
notice 1: Who would notice a good mood?  
notice 2: Who would notice if you were in trouble?  
notice 3: Who would notice if you were ill?  
notice 4: Who would notice if you were sad?  
informational: Who would help you find accommodation?  
tangible 1: if you needed a bed for the night?  
tangible 2: who would give you a reference for a job?  
tangible 3: if you needed help finding a job, who would you ask?  
tangible 4: who would help filling in forms?  
tangible 5: who would lend a small amount of money?  
like 1: who would you buy gifts for?  
like 2: who would you take on holiday with you?



## Appendix 11: Young people in care: gender differences in their answers on the SSMA

The table below shows gender differences in the in-care sample only, for which  $\chi^2$  tests were not possible due to too small cell sizes. Instead, two tailed Fisher Exact tests were carried out to examine the differences. Frequencies are presented, as well as the p-value associated with the Fisher Exact tests (N=50, 25 males, 25 females).

Type of support	source of support	males	females	p-value
reassurance 1	others	10	5	N.S.
acceptance 1	friends	4	13	p<0.05
acceptance 1	partner	4	10	N.S.
acceptance 1	other	8	2	N.S.
acceptance 2	partner	7	3	N.S.
acceptance 2	foster /residential carer	1	5	N.S.
empathy 2	friends	5	10	N.S.
empathy 2	social worker	2	11	p<0.01
empathy 2	'other' sources	9	3	N.S.
empathy 5	friends	2	9	p<0.05
liking 1	parents	5	9	p<0.05
liking 1	partners	5	13	p<0.05
liking 2	friends	1	11	p<0.005
instrumental 1	relatives	8	4	N.S.
instrumental 2	'other' sources	17	11	N.S.
instrumental 3	social worker	4	7	N.S.
instrumental 5	relatives	6	1	N.S.
instrumental 5	partners	3	8	N.S.
notice 1	foster /residential carer	1	5	N.S.
notice 1	'other' sources	7	4	N.S.
notice 3	relatives	4	0	N.S.
notice 3	partners	7	11	N.S.
notice 4	foster /residential carer	1	4	N.S.

## Appendix 12: Kappa values for follow up sample (N=15)

Below the kappa values for the follow up group are presented. This sample consisted of N=15 young people, who were asked to complete the SSMA twice, with a time interval of 3 to 6 months. Kappa ( $\kappa$ ) values were calculated to determine the level of agreement between time 1 and time 2 (Everitt 1996). Individual items vary in levels of agreement. The table below shows question numbers 1 to 26, and the seven support sources for each question. The column 'YY' shows the number of subjects naming this support source at both time 1 and time 2. The column 'YN' shows the number of subjects naming the support source at time 1 but not at time 2. The column 'NY' shows how many subject did not name this source at time 1, but did at time 2, while the next column 'NN' indicates how many people did not report this source at time 1 and at time 2. PO stands for the observed proportion of students who answered identically at both times, while PC stands for the expected proportion of students who would have changed from time 1 to time 2. The value of kappa is entered in the next column, together with the strength of agreement (Everitt 1996). The kappa values have produced a slight artifact, as the amount of people who did not mention a source at time 1, and then did not mention this source again at time 2, were taken as perfect agreement. In fact, it would be more useful to examine whether the proportion of young people who said 'yes' to a source, did so again at time 2. A further table is displayed which suggests that the proportion of 'yes' answers which stayed the same for each question, is in fact very low. A key of the item number and contents is also included.

QuestionSource	YY	YN	NY	NN	PO	PC	KAPPA( $\kappa$ )	Strength of agreement
1. parents	0	2	1	12	.8000	.8178	cannot compute	
family	0	1	1	13	.8667	.8756	cannot compute	
friends	0	4	6	5	.3333	.5467	cannot compute	
partner	0	2	2	11	.7333	.7689	cannot compute	
foster/res	3	1	2	9	.8000	.5778	.5263	Moderate
social work	0	1	0	14	.9333	.9333	cannot compute	
other	0	0	0	15	1.0000	1.0000	1.0000	Perfect
2. parents	2	4	3	6	.5333	.5333	.0000	
family	0	3	1	11	.7333	.7600	cannot compute	
friends	0	2	1	12	.8000	.8178	cannot compute	
partner	2	1	5	7	.6000	.5200	.1667	Slight
foster/res	3	0	2	10	.8667	.6000	cannot compute	
social work	0	0	0	15	1.0000	1.0000	1.0000	Perfect
other	0	0	0	15	1.0000	1.0000	1.0000	Perfect
3. parents	0	2	2	11	.7333	.7689	cannot compute	
family	0	2	0	13	.8667	.8667	cannot compute	
friends	3	3	0	9	.8000	.5600	cannot compute	
partner	1	2	3	9	.6667	.6400	.0741	Slight
foster/res	2	0	2	11	.8667	.6711	cannot compute	
social work	0	0	0	15	1.0000	1.0000	1.0000	Perfect
other	0	0	0	15	1.0000	1.0000	1.0000	Perfect
4. parents	0	3	1	11	.7333	.7600	cannot compute	
family	0	2	0	13	.8667	.8667	cannot compute	
friends	0	0	2	13	.8667	.8667	cannot compute	
partner	1	2	2	10	.7333	.6800	.1667	Slight
foster/res	2	2	3	8	.6667	.5778	.2105	Fair
social work	0	2	0	13	.8667	.8667	cannot compute	
other	0	0	3	12	.8000	.8000	cannot compute	
5. parents	0	2	2	11	.7333	.7689	cannot compute	
family	0	0	2	13	.8667	.8667	cannot compute	
friends	0	4	6	5	.3333	.5467	cannot compute	
partner	0	3	3	9	.6000	.6800	cannot compute	
foster/res	2	2	1	10	.8000	.6400	.4444	Moderate
social work	0	1	1	13	.8667	.8756	cannot compute	
other	1	3	3	8	.6000	.6089	-.0227	Poor
6. parents	0	2	2	11	.7333	.7689	cannot compute	
family	0	0	0	15	1.0000	1.0000	1.0000	Perfect
friends	1	2	4	8	.6000	.6000	.0000	Poor
partner	0	3	3	9	.6000	.6800	cannot compute	
foster/res	2	0	1	12	.9333	.7200	cannot compute	
social work	0	0	0	15	1.0000	1.0000	1.0000	Perfect
other	0	0	1	14	.9333	.9333	cannot compute	
7. parents	0	2	1	12	.8000	.8178	cannot compute	
family	0	1	0	14	.9333	.9333	cannot compute	
friends	0	1	1	13	.8667	.8756	cannot compute	
partner	0	1	1	13	.8667	.8756	cannot compute	
foster/res	1	0	1	13	.9333	.8178	cannot compute	
social work	0	0	0	15	1.0000	1.0000	1.0000	Perfect



	other	0	0	0	15	1.0000	1.0000	1.0000		Perfect
8.	parents	0	3	2	10	.6667	.7200	cannot	compute	
	family	0	3	1	11	.7333	.7600	cannot	compute	
	friends	1	2	4	8	.6000	.6000	.0000		Slight
	partner	2	2	5	6	.5333	.5156	.0367		Slight
	foster/res	3	1	1	10	.8667	.6089	.6591		Substantial
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	1	2	12	.8000	.8178	cannot	compute	
9.	parents	0	2	2	11	.7333	.7689	cannot	compute	
	family	0	1	2	12	.8000	.8178	cannot	compute	
	friends	1	1	5	8	.6000	.5733	.0625		Slight
	partner	1	3	3	8	.6000	.6089	-.0227		Poor
	foster/res	2	0	1	12	.9333	.7200	cannot	compute	
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	0	1	14	.9333	.9333	cannot	compute	
10.	parents	0	3	1	11	.7333	.7600	cannot	compute	
	family	0	1	1	13	.8667	.8756	cannot	compute	
	friends	3	2	4	6	.6000	.5111	.1818		Slight
	partner	0	0	2	13	.8667	.8667	cannot	compute	
	foster/res	2	1	1	11	.8667	.6800	.5833		Moderate
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	2	1	12	.8000	.8178	cannot	compute	
11.	parents	1	3	1	10	.7333	.6711	.1892		Slight
	family	0	2	0	13	.8667	.8667	cannot	compute	
	friends	2	1	2	10	.8000	.6400	.4444		Moderate
	partner	0	2	0	13	.8667	.8667	cannot	compute	
	foster/res	1	0	1	13	.9333	.8178	cannot	compute	
	social work	1	1	1	12	.8667	.7689	.4231		Moderate
	other	0	2	2	11	.7333	.7689	cannot	compute	
12.	parents	0	1	3	11	.7333	.7600	cannot	compute	
	family	0	1	1	13	.8667	.8756	cannot	compute	
	friends	2	5	4	4	.4000	.5067	-.2162		Poor
	partner	0	2	3	10	.6667	.7200	cannot	compute	
	foster/res	1	1	1	12	.8667	.7689	.4231		Moderate
	social work	0	1	0	14	.9333	.9333	cannot	compute	
	other	0	1	1	13	.8667	.8756	cannot	compute	
13.	parents	0	1	0	14	.9333	.9333	cannot	compute	
	family	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	friends	0	1	2	12	.8000	.8178	cannot	compute	
	partner	0	1	1	13	.8667	.8756	cannot	compute	
	foster/res	2	1	2	10	.8000	.6400	.4444		Moderate
	social work	3	4	4	4	.4667	.5022	-.0714		Poor
	other	0	0	1	14	.9333	.9333	cannot	compute	
14.	parents	0	4	2	9	.6000	.6711	cannot	compute	
	family	0	0	2	13	.8667	.8667	cannot	compute	
	friends	0	3	5	7	.4667	.6000	cannot	compute	
	partner	2	3	3	7	.6000	.5556	.1000		Slight
	foster/res	2	0	3	10	.8000	.6222	cannot	compute	
	social work	0	1	0	14	.9333	.9333	cannot	compute	
	other	1	1	1	12	.8667	.7689	.4231		Moderate
15.	parents	2	3	2	8	.6667	.5778	.2105		Fair
	family	1	2	2	10	.7333	.6800	.1667		Slight
	friends	1	2	2	10	.7333	.6800	.1667		Slight
	partner	4	1	4	6	.6667	.4889	.3478		Fair
	foster/res	4	0	2	9	.8667	.5467	cannot	compute	
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	2	2	11	.7333	.7689	cannot	compute	
16.	parents	0	0	2	13	.8667	.8667	.0000		Perfect
	family	2	1	1	11	.8667	.6800	.5833		Moderate
	friends	0	3	3	9	.6000	.6800	cannot	compute	
	partner	3	3	5	4	.4667	.4933	-.0526		Poor
	foster/res	1	1	1	12	.8667	.7689	.4231		Moderate
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	0	0	15	1.0000	1.0000	1.0000		Perfect
17.	parents	3	1	1	10	.8667	.6089	.6591		Substantial
	family	0	1	0	14	.9333	.9333	cannot	compute	
	friends	0	1	1	13	.8667	.8756	cannot	compute	
	partner	0	0	1	14	.9333	.9333	cannot	compute	
	foster/res	1	1	0	13	.9333	.8178	cannot	compute	
	social work	0	1	1	13	.8667	.8756	cannot	compute	
	other	1	1	3	10	.7333	.6711	.1892		Slight
18.	parents	0	1	2	12	.8000	.8178	cannot	compute	
	family	0	2	1	12	.8000	.8178	cannot	compute	
	friends	2	3	2	8	.6667	.5778	.2105		Fair
	partner	0	0	1	14	.9333	.9333	cannot	compute	
	foster/res	2	1	1	11	.8667	.6800	.5833		Moderate
	social work	0	3	5	7	.4667	.6000	cannot	compute	
	other	0	0	1	14	.9333	.9333	cannot	compute	
19.	parents	2	2	1	10	.8000	.6400	.4444		Moderate
	family	1	2	1	11	.8000	.7200	.2857		Fair

	friends	4	3	3	5	.6000	.5022	.1964		Slight
	partner	0	1	1	13	.8667	.8756	cannot compute		
	foster/res	1	1	2	11	.8000	.7200	.2857		Fair
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	1	1	13	.8667	.8756	cannot compute		
20.	parents	0	3	1	11	.7333	.7600	cannot compute		
	family	0	0	2	13	.8667	.8667	cannot compute		
	friends	0	0	1	14	.9333	.9333	cannot compute		
	partner	0	1	0	14	.9333	.9333	cannot compute		
	foster/res	3	0	4	8	.7333	.5200	cannot compute		
	social work	3	4	3	5	.5333	.5067	.0541		Slight
	other	4	3	6	2	.4000	.4889	-.1739		Poor
21.	parents	0	3	2	10	.6667	.7200	cannot compute		
	family	0	1	0	14	.9333	.9333	cannot compute		
	friends	0	1	1	13	.8667	.8756	cannot compute		
	partner	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	foster/res	0	1	2	12	.8000	.8178	cannot compute		
	social work	0	2	3	10	.6667	.7200	cannot compute		
	other	0	3	2	10	.6667	.7200	cannot compute		
22.	parents	0	2	1	12	.8000	.8178	cannot compute		
	family	0	2	1	12	.8000	.8178	cannot compute		
	friends	0	1	1	13	.8667	.8756	cannot compute		
	parents	1	2	1	11	.8000	.7200	.2857		Fair
	foster/res	4	0	3	8	.8000	.5156	cannot compute		
	social work	0	1	2	12	.8000	.8178	cannot compute		
	other	0	2	0	13	.8667	.8667	cannot compute		
23.	parents	1	2	0	12	.8667	.7600	cannot compute		
	family	0	0	3	12	.8000	.8000	cannot compute		
	friends	2	3	3	7	.6000	.5556	.1000		Slight
	partner	0	2	2	11	.7333	.7689	cannot compute		
	foster/res	3	2	2	8	.7333	.5556	.4000		Fair
	social work	0	1	0	14	.9333	.9333	cannot compute		
	other	0	0	1	14	.9333	.9333	cannot compute		
24.	parents	0	0	1	14	.9333	.9333	cannot compute		
	family	0	1	0	14	.9333	.9333	cannot compute		
	friends	0	1	4	10	.6667	.7022	cannot compute		
	partner	3	2	4	6	.6000	.5111	.1818		Slight
	foster/res	2	2	4	7	.6000	.5467	.1176		Slight
	social work	0	1	0	14	.9333	.9333	cannot compute		
	other	0	2	1	12	.8000	.8178	cannot compute		
25.	parents	1	6	1	7	.5333	.5244	.0187		Slight
	family	0	1	0	14	.9333	.9333	cannot compute		
	friends	0	1	3	11	.7333	.7600	cannot compute		
	partner	0	2	3	10	.6667	.7200	cannot compute		
	foster/res	1	1	5	8	.6000	.5733	.0625		Slight
	social work	0	1	1	13	.8667	.8756	cannot compute		
	other	0	1	0	14	.9333	.9333	cannot compute		
26.	parents	0	2	1	12	.8000	.8178	cannot compute		
	family	0	2	1	12	.8000	.8178	cannot compute		
	friends	0	1	2	12	.8000	.8178	cannot compute		
	partner	2	2	4	7	.6000	.5467	.1176		Slight
	foster/res	1	2	4	8	.6000	.6000	.0000		Slight
	social work	0	0	0	15	1.0000	1.0000	1.0000		Perfect
	other	0	1	1	13	.8667	.8756	cannot compute		

When the items are examined in more detail, only a few sources per question were mentioned at both time and time 2. These variables are listed below. The column Y1 indicates how often this source was mentioned at both times, the column Y2 indicates how often this source was mentioned at time 1, but not at time 2, while the column N1 shows the number of times this source was not mentioned at time 1, but was at time 2. The column headed 'changed' shows the total number changes in the responses, while the last column indicates the proportion of young people who answered the question the same way at time 1 and time 2.



Item	source	YY	YN	NY	changed	proportion that stayed the same
1	foster	3	1	2	3	0.07
2	parents	2	4	3	7	0.23
2	foster	3	0	2	2	0.04
3	friends	3	3	0	3	0.07
3	partner	1	2	3	5	0.33
3	foster	2	0	2	2	0.07
4	partner	1	2	2	4	0.27
4	foster carer	2	2	3	5	0.17
5	foster carer	2	2	1	3	0.10
5	other	1	3	3	6	0.40
6	friends	1	2	4	6	0.40
6	foster carer	2	0	1	1	0.03
7	foster carer	1	0	1	1	0.07
8	friends	1	2	4	6	0.40
8	partner	2	2	5	7	0.23
8	foster carer	3	1	1	2	0.04
9	partner	1	3	3	6	0.40
9	foster carer	2	0	1	1	0.03
10	friends	3	2	4	6	0.13
10	foster carer	2	1	1	2	0.07
11	parents	1	3	1	4	0.27
11	friends	2	1	2	3	0.10
11	foster carer	1	0	1	1	0.07
11	social worker	1	1	1	2	0.13
12	friends	2	5	4	9	0.30
12	foster carer	1	1	1	2	0.13
13	foster carer	2	1	2	3	0.10
13	social worker	3	4	4	8	0.18
14	partner	2	3	3	6	0.20
14	foster carer	2	0	3	3	0.10
14	other	1	1	1	2	0.13
15	parents	2	3	2	5	0.17
15	family	1	2	2	4	0.27
15	partner	4	1	4	5	0.08
15	foster carer	4	0	2	2	0.03
16	family	2	1	1	2	0.07
16	partner	3	3	5	8	0.18
16	foster carer	1	1	1	2	0.13
17	parents	3	1	1	2	0.04
17	foster carer	1	1	0	1	0.07
17	other	1	1	3	4	0.27
18	friends	2	3	2	5	0.17
18	foster carer	2	1	1	2	0.07
19	parents	2	2	1	3	0.10
19	family	1	2	1	3	0.20
19	friends	4	3	3	6	0.10
19	foster carer	1	1	2	3	0.20
20	foster carer	3	0	4	4	0.09
20	social worker	3	4	3	7	0.16
20	other	4	3	6	9	0.15
22	partner	1	2	1	3	0.20
22	foster carer	4	0	3	3	0.05
23	parents	1	2	0	2	0.13
23	friends	2	3	3	6	0.20
23	foster carer	3	2	2	4	0.09
24	partner	3	2	4	6	0.13
24	foster carer	2	2	4	6	0.20
25	parents	1	6	1	7	0.47
25	foster carer	1	1	5	6	0.40
26	partner	1	4	2	6	0.40
26	other	1	2	0	2	0.13
27	partner	2	2	4	6	0.20
27	foster carer	1	2	4	6	0.40

The table shows that the proportions of young people who answered 'yes' to the same source twice, were very small, and never exceeded .40. This suggests a far greater degree of change in the young people's social networks than the kappa calculations did.

Key to items:

1. notice 1: Who would notice a good mood?
2. conflict: if you had a row with your parents (or carers), who would you talk to?
3. notice 2: Who would notice if you were in trouble?
4. reassurance 1: who would reassure you if people were spreading malicious gossip about you?
5. like 1: who would you buy gifts for?
6. reassurance 2: who would reassure you about your clothing?
7. love 2: who would bend over backwards to help you?
8. tangible 1: if you needed a bed for the night?
9. acceptance 1: whom do you tell good news to?
10. informational: Who would help you find accommodation?
11. like 2: who would you take on holiday with you?
12. love 1: who loves you no matter what?
13. empathy 1: who can you talk to if you have had an argument with your partner?
14. tangible 2: who would give you a reference for a job?
15. trust 1: who do you trust enough to tell a personal problem?
16. tangible 3: if you needed help finding a job, who would you ask?
17. empathy 2: who can you talk to if you are afraid you (or your girlfriend) might be pregnant?
18. notice 3: Who would notice if you were ill?
19. trust 2: who do you trust enough to show them a personal letter for them to check over?
20. tangible 5: who would lend a small amount of money?
21. acceptance 2: who would listen to you when you are in a bad mood?
22. empathy 3: who could you phone for a chat any time?
23. tangible 4: who would help filling in forms?
24. notice 4: Who would notice if you were sad?
25. empathy 4: who would you talk to if you had a problem with social services?
26. empathy 5: if you were happy, who would you want to talk to?